

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SPECIAL OPERATIONS FOR AMERICA

ADDRESS (number and street) ▼

PO BOX 3245

☐ Check if different than previously reported. (ACC)

SARATOGA SPRINGS

NY

12866

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00523241

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☒ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

01

01

2015

06

30

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer KAARLO HIETALA

Signature of Treasurer

KAARLO HIETALA

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

07

31

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SPECIAL OPERATIONS FOR AMERICA

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">8662.42</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">8662.42</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">580776.95</span>	<span style="border: 1px solid black; padding: 2px;">580776.95</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">589439.37</span>	<span style="border: 1px solid black; padding: 2px;">589439.37</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">525942.14</span>	<span style="border: 1px solid black; padding: 2px;">525942.14</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">63497.23</span>	<span style="border: 1px solid black; padding: 2px;">63497.23</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**SPECIAL OPERATIONS FOR AMERICA**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	180948.50	180948.50
(ii) Unitemized .....	399828.45	399828.45
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	580776.95	580776.95
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ..... ►	580776.95	580776.95
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	580776.95	580776.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ..... ►	580776.95	580776.95

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	525942.14	525942.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	525942.14	525942.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	525942.14	525942.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	525942.14	525942.14

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	580776.95	580776.95
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	580776.95	580776.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	525942.14	525942.14
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	525942.14	525942.14

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`H9A-N5HCB  
.

Form/Schedule: F3XN

Transaction ID :

The payments on line 21b for Direct Mail Printing, Direct Mail Printing & Postage, and Printing & Design Services were for general PAC fundraising--not for public communications that referred to a clearly identified candidate for federal office.

Form/Schedule:

Transaction ID:

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR MERVIN E ALEXANDER**

Mailing Address 3409 ZUNI ST

City  
DENVERState Zip Code  
CO 80211FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2015

Transaction ID : SA11AI.79173

Amount of Each Receipt this Period

51.00

Full Name (Last, First, Middle Initial)

**B. MR TRAVIS A ALLISON**

Mailing Address 17280 COUNTY ROAD 136

City  
TYLERState Zip Code  
TX 75703FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2015

Transaction ID : SA11AI.67458

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MR MICHAEL ANACLERIO**

Mailing Address 306 COLLETON AVE SE

City  
AIKENState Zip Code  
SC 29801FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2015

Transaction ID : SA11AI.67494

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

401.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 234  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR MICHAEL ANACLERIO**

Mailing Address 306 COLLETON AVE SE

City State Zip Code  
 AIKEN SC 29801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2015

Transaction ID : SA11AI.79402

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR MICHAEL ANACLERIO**

Mailing Address 306 COLLETON AVE SE

City State Zip Code  
 AIKEN SC 29801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2015

Transaction ID : SA11AI.79401

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR MICHAEL ANACLERIO**

Mailing Address 306 COLLETON AVE SE

City State Zip Code  
 AIKEN SC 29801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2015

Transaction ID : SA11AI.80998

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR BYRON H ANDERSON**

Mailing Address 2021 HUNTINGTON LN

City	State	Zip Code
FORT WORTH	TX	76110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2015

Transaction ID : SA11AI.67537

Amount of Each Receipt this Period

113.00

Full Name (Last, First, Middle Initial)

**B. MR BYRON H ANDERSON**

Mailing Address 2021 HUNTINGTON LN

City	State	Zip Code
FORT WORTH	TX	76110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2015

Transaction ID : SA11AI.77746

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. MR BYRON H ANDERSON**

Mailing Address 2021 HUNTINGTON LN

City	State	Zip Code
FORT WORTH	TX	76110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2015

Transaction ID : SA11AI.81011

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ▶

263.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. KATHRYN A ANDERSON**

Mailing Address 5033 SPRUCE CT

City  
GREENDALEState Zip Code  
WI 53129FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

Transaction ID : SA11AI.67522

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. KATHRYN A ANDERSON**

Mailing Address 5033 SPRUCE CT

City  
GREENDALEState Zip Code  
WI 53129FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SA11AI.81495

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR DONALD J ANGELL**

Mailing Address 20480 COLONIAL HILL DR UNIT 103

City  
TAMPAState Zip Code  
FL 33647FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

Transaction ID : SA11AI.67547

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

425.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 234  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS DOROTHY J ANNAS**

Mailing Address 2201 CITATION DR

City  
DEL VALLE

State Zip Code  
TX 78617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2015

Transaction ID : SA11AI.67554

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MRS DOROTHY J ANNAS**

Mailing Address 2201 CITATION DR

City  
DEL VALLE

State Zip Code  
TX 78617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 30 / 2015

Transaction ID : SA11AI.67553

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR HUGH ATKINS**

Mailing Address 4487 SW REIF RD

City  
POWELL BUTTE

State Zip Code  
OR 97753

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ATKINS & CO.

Occupation

REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2015

Transaction ID : SA11AI.67625

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR HUGH ATKINS**

Mailing Address 4487 SW REIF RD

City	State	Zip Code
POWELL BUTTE	OR	97753

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ATKINS &amp; CO.

Occupation

REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

Transaction ID : SA11AI.78095

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR RICHARD N BARKER**

Mailing Address 29 LYNN END RD

City	State	Zip Code
LYNN	MA	01904

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2015

Transaction ID : SA11AI.67737

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MR RICHARD N BARKER**

Mailing Address 29 LYNN END RD

City	State	Zip Code
LYNN	MA	01904

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

Transaction ID : SA11AI.77440

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

550.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. DE ETTE ETTE BARNER**

Mailing Address 718 LA PORTADA ST

City	State	Zip Code
SOUTH PASADENA	CA	91030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2015

Transaction ID : SA11AI.67744

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. DE ETTE ETTE BARNER**

Mailing Address 718 LA PORTADA ST

City	State	Zip Code
SOUTH PASADENA	CA	91030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2015

Transaction ID : SA11AI.67743

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. DE ETTE ETTE BARNER**

Mailing Address 718 LA PORTADA ST

City	State	Zip Code
SOUTH PASADENA	CA	91030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2015

Transaction ID : SA11AI.67745

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

700.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 14 OF 234  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. DE ETTE ETTE BARNER**

Mailing Address 718 LA PORTADA ST

City	State	Zip Code
SOUTH PASADENA	CA	91030

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : SA11AI.79056

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. MRS ELIZABETH BARNES**

Mailing Address 400 PEACEDALE ST

City	State	Zip Code
BRISTOL	CT	06010

FEC ID number of contributing federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

Transaction ID : SA11AI.80103

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. R BARRAGAN**

Mailing Address 13916 BEAVER ST

City	State	Zip Code
SYLMAR	CA	91342

FEC ID number of contributing federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

Transaction ID : SA11AI.79116

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

600.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR RAY R BARRETT JR**

Mailing Address HC 34 BOX 3

City

MIDKIFF

State

TX

Zip Code

79755

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	29	/	2015

Transaction ID : SA11AI.67762

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. MR RAY R BARRETT JR**

Mailing Address HC 34 BOX 3

City

MIDKIFF

State

TX

Zip Code

79755

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	18	/	2015

Transaction ID : SA11AI.67764

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. MR BRUCE M BARTON**

Mailing Address 1112 BELLMANOR DR

City

SAVANNAH

State

TX

Zip Code

76227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.81516

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

600.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. EDWARD BAUER**

Mailing Address 32138 FM 506

City  
LA FERIAState Zip Code  
TX 78559FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2015

Transaction ID : SA11AI.67800

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MS ANN BEALS**

Mailing Address 23912 GILFORD PL

City  
VALENCIAState Zip Code  
CA 91354FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

Transaction ID : SA11AI.67820

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. C W BENNETT**

Mailing Address 11316 TUNNEL HILL WAY

City  
GOLD RIVERState Zip Code  
CA 95670FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.81443

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

825.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR HENRY BERCUTT**

Mailing Address 266 SUGARBERRY CIR

City	State	Zip Code
HOUSTON	TX	77024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

Transaction ID : SA11AI.79902

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. MR HENRY BERCUTT**

Mailing Address 266 SUGARBERRY CIR

City	State	Zip Code
HOUSTON	TX	77024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.81499

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR CLAUDE BERRY**

Mailing Address 321 HICKORY DR

City	State	Zip Code
TAHLEQUAH	OK	74464

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2015

Transaction ID : SA11AI.67952

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

350.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR CLAUDE BERRY**

Mailing Address 321 HICKORY DR

City	State	Zip Code
TAHLEQUAH	OK	74464

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2015

Transaction ID : SA11AI.67951

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**B. MS LITA ZABALA BIEJO**

Mailing Address 9555 W LOS ANGELES AVE

City	State	Zip Code
MOORPARK	CA	93021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2015

Transaction ID : SA11AI.67979

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MS LITA ZABALA BIEJO**

Mailing Address 9555 W LOS ANGELES AVE

City	State	Zip Code
MOORPARK	CA	93021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

Transaction ID : SA11AI.67978

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

180.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS LITA ZABALA BIEJO**

Mailing Address 9555 W LOS ANGELES AVE

City	State	Zip Code
MOORPARK	CA	93021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : SA11AI.80486

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MRS MARY BIGHAM**

Mailing Address 10241 RAVEN LN

City	State	Zip Code
VANCE	AL	35490

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

Transaction ID : SA11AI.67992

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. MRS MARY BIGHAM**

Mailing Address 10241 RAVEN LN

City	State	Zip Code
VANCE	AL	35490

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : SA11AI.81395

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

350.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS KATHERINE R BIRCK**

Mailing Address 744 S OAK ST

City  
HINSDALEState Zip Code  
IL 60521FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	5

Transaction ID : SA11AI.68000

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MR JOHN BLAKE**

Mailing Address 833 RIDGEMARK DR

City  
HOLLISTERState Zip Code  
CA 95023FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	1	5

Transaction ID : SA11AI.68023

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR JOHN BLAKE**

Mailing Address 833 RIDGEMARK DR

City  
HOLLISTERState Zip Code  
CA 95023FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	5

Transaction ID : SA11AI.78946

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

650.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. JUNE BLENDERMAN**

Mailing Address 726 N 325 E

City

HURRICANE

State

UT

Zip Code

84737

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 01 / 30 / 2015

Transaction ID : SA11AI.68032

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. JUNE BLENDERMAN**

Mailing Address 726 N 325 E

City

HURRICANE

State

UT

Zip Code

84737

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2015

Transaction ID : SA11AI.81483

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. MR VERNON BOZARTH**

Mailing Address 12015 MARINE DR # 38

City

TULALIP

State

WA

Zip Code

98271

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 01 / 06 / 2015

Transaction ID : SA11AI.68152

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

525.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS GINGER BRAZZEL**

Mailing Address 1517 AQUILLA DR

City	State	Zip Code
SHREVEPORT	LA	71105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

Transaction ID : SA11AI.68210

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. ROBERT BRIGHT**

Mailing Address 2825 WIENEKE RD APT 79

City	State	Zip Code
SAGINAW	MI	48603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

Transaction ID : SA11AI.68228

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. BEATRICE T BRITTON**

Mailing Address PO BOX 2327

City	State	Zip Code
SOUTH HAMILTON	MA	01982

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2015

Transaction ID : SA11AI.68230

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

375.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. BEATRICE T BRITTON**

Mailing Address PO BOX 2327

City	State	Zip Code
SOUTH HAMILTON	MA	01982

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2015

Transaction ID : SA11AI.78042

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. BEATRICE T BRITTON**

Mailing Address PO BOX 2327

City	State	Zip Code
SOUTH HAMILTON	MA	01982

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : SA11AI.78043

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MABEL BROWN**

Mailing Address 115 N STATE ST

City	State	Zip Code
GENESEO	IL	61254

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.80368

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 234  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR WILLIAM BRYCE**

Mailing Address 746 ALPINE DR

City  
KERRVILLE

State Zip Code  
TX 78028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 27 / 2015

Transaction ID : SA11AI.79854

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MS ELIZABETH BRYDEN**

Mailing Address 1 W 67TH ST APT 611

City  
NEW YORK

State Zip Code  
NY 10023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 25 / 2015

Transaction ID : SA11AI.68334

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

**C. MR W P BUCKTHAL**

Mailing Address 900 S LINCOLN ST

City  
AMARILLO

State Zip Code  
TX 79101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PETROLEUM GEOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2015

Transaction ID : SA11AI.68346

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

405.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR W P BUCKTHAL**

Mailing Address 900 S LINCOLN ST

City

AMARILLO

State

TX

Zip Code

79101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PETROLEUM GEOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 10 / 2015

Transaction ID : SA11AI.68347

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. MS HELEN BURROWS**

Mailing Address 8800 WALTHER BLVD APT 1102

City

PARKVILLE

State

MD

Zip Code

21234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

04 / 27 / 2015

Transaction ID : SA11AI.76830

Amount of Each Receipt this Period

53.00

Full Name (Last, First, Middle Initial)

**C. MS HELEN BURROWS**

Mailing Address 8800 WALTHER BLVD APT 1102

City

PARKVILLE

State

MD

Zip Code

21234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

05 / 20 / 2015

Transaction ID : SA11AI.78633

Amount of Each Receipt this Period

53.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

356.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR WILLIAM F BURT**

Mailing Address 1 HARVEST CIR UNIT 3

City  
LINCOLN

State  
MA

Zip Code  
01773

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THOMSEN REUTERS

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 21 / 2015

Transaction ID : SA11AI.78562

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. MR JOSEPH M BUTLER**

Mailing Address 179 ANNA LAURA RD

City

JACKSONVILLE

State

OR

Zip Code

97530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 21 / 2015

Transaction ID : SA11AI.79771

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MR THOMAS D CALLAHAN**

Mailing Address 1801 162ND AVE NE

City

BELLEVUE

State

WA

Zip Code

98008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 28 / 2015

Transaction ID : SA11AI.77218

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 234  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS BILLIE M CAMPBELL**

Mailing Address 108 DIECKS DR APT 320

City State Zip Code  
ELIZABETHTOWN KY 42701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 30 / 2015

Transaction ID : SA11AI.68491

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MRS BILLIE M CAMPBELL**

Mailing Address 108 DIECKS DR APT 320

City State Zip Code  
ELIZABETHTOWN KY 42701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2015

Transaction ID : SA11AI.68500

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. MRS BILLIE M CAMPBELL**

Mailing Address 108 DIECKS DR APT 320

City State Zip Code  
ELIZABETHTOWN KY 42701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 09 / 2015

Transaction ID : SA11AI.68501

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS BILLIE M CAMPBELL**

Mailing Address 108 DIECKS DR APT 320

City

ELIZABETHTOWN

State

KY

Zip Code

42701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 30 / 2015

Transaction ID : SA11AI.68499

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. MRS BILLIE M CAMPBELL**

Mailing Address 108 DIECKS DR APT 320

City

ELIZABETHTOWN

State

KY

Zip Code

42701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2015

Transaction ID : SA11AI.76914

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. MRS JANET CARROLL**

Mailing Address 875 WATER ST APT 13

City

MEEKER

State

CO

Zip Code

81641

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2015

Transaction ID : SA11AI.77975

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 234  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. EVELYN CASADO**

Mailing Address 1016 7TH ST APT 704

City  
PORT HURON

State Zip Code  
MI 48060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2015

Transaction ID : SA11AI.68609

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR JOHN CERVIN JR**

Mailing Address 815A HILLTOP AVE EXT

City  
ABINGDON

State Zip Code  
MD 21009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 25 / 2015

Transaction ID : SA11AI.68660

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. MR JOHN CERVIN JR**

Mailing Address 815A HILLTOP AVE EXT

City  
ABINGDON

State Zip Code  
MD 21009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2015

Transaction ID : SA11AI.80170

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR JACK CHANEY**

Mailing Address 2683 PERRY HWY

City  
HADLEYState  
PAZip Code  
16130FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

Transaction ID : SA11AI.68672

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. MR JACK CHANEY**

Mailing Address 2683 PERRY HWY

City  
HADLEYState  
PAZip Code  
16130FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

Transaction ID : SA11AI.68674

Amount of Each Receipt this Period

113.00

Full Name (Last, First, Middle Initial)

**C. MR JACK CHANEY**

Mailing Address 2683 PERRY HWY

City  
HADLEYState  
PAZip Code  
16130FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

513.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : SA11AI.68675

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

413.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR JACK CHANEY**

Mailing Address 2683 PERRY HWY

City  
HADLEYState Zip Code  
PA 16130FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

663.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.80856

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. MR JOSEPH CHAPMAN**

Mailing Address 216 BUFFALO ST

City  
FREEPORTState Zip Code  
PA 16229FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

Transaction ID : SA11AI.68680

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. MR JOSEPH CHAPMAN**

Mailing Address 216 BUFFALO ST

City  
FREEPORTState Zip Code  
PA 16229FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2015

Transaction ID : SA11AI.68682

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ▶

600.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. DICEY S CHILDERS**

Mailing Address 8517 JOY RD

City

BLOUNTSVILLE

State

AL

Zip Code

35031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE ALBASTER BOX

Occupation

OWNER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	14	/	2015

Transaction ID : SA11AI.77843

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. DICEY S CHILDERS**

Mailing Address 8517 JOY RD

City

BLOUNTSVILLE

State

AL

Zip Code

35031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE ALBASTER BOX

Occupation

OWNER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : SA11AI.79512

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR RAYMOND E CHINN**

Mailing Address 6775 PINE FOREST RD

City

MC DAVID

State

FL

Zip Code

32568

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

Transaction ID : SA11AI.78491

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

200.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 33 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS ELLOINE M CLARK**

Mailing Address 3716 MAPLEWOOD AVE

City	State	Zip Code
DALLAS	TX	75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2015

Transaction ID : SA11AI.68743

Amount of Each Receipt this Period

9000.00

Full Name (Last, First, Middle Initial)

**B. MRS ELLOINE M CLARK**

Mailing Address 3716 MAPLEWOOD AVE

City	State	Zip Code
DALLAS	TX	75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2015

Transaction ID : SA11AI.68754

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MRS ELLOINE M CLARK**

Mailing Address 3716 MAPLEWOOD AVE

City	State	Zip Code
DALLAS	TX	75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2015

Transaction ID : SA11AI.68755

Amount of Each Receipt this Period

6000.00

SUBTOTAL of Receipts This Page (optional)..... ►

16000.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. KIRK CLARK**

Mailing Address PO BOX 938

City  
MCALLEN

State Zip Code  
TX 78505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHARLES CLARK CHEVROLET CO.

Occupation  
PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2015

Transaction ID : SA11AI.81642

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. MRS WM H CLARK**

Mailing Address 3716 MAPLEWOOD AVE

City  
DALLAS

State Zip Code  
TX 75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2015

Transaction ID : SA11AI.78838

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MRS WM H CLARK**

Mailing Address 3716 MAPLEWOOD AVE

City  
DALLAS

State Zip Code  
TX 75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 08 / 2015

Transaction ID : SA11AI.80409

Amount of Each Receipt this Period

18000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

19300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 OF 234

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR GEORGE W CLELAND**

Mailing Address 1422 ROPER ST

City  
HOUSTON

State Zip Code  
TX 77034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 18 / 2015

**Transaction ID : SA11AI.68778**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. MR JAMES CLUER**

Mailing Address 607 MAPLE ST

City  
GOODING

State Zip Code  
ID 83330

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

**Transaction ID : SA11AI.68799**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR JAMES CLUER**

Mailing Address 607 MAPLE ST

City  
GOODING

State Zip Code  
ID 83330

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 30 / 2015

**Transaction ID : SA11AI.68800**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

270.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR JAMES CLUER**

Mailing Address 607 MAPLE ST

City

GOODING

State

ID

Zip Code

83330

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2015

Transaction ID : SA11AI.79330

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. MR JAMES CLUER**

Mailing Address 607 MAPLE ST

City

GOODING

State

ID

Zip Code

83330

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2015

Transaction ID : SA11AI.80925

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. MRS ELEANOR COBB**

Mailing Address 131 S VISTA ST

City

LOS ANGELES

State

CA

Zip Code

90036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 30 / 2015

Transaction ID : SA11AI.68803

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

420.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS ELEANOR COBB**

Mailing Address 131 S VISTA ST

City	State	Zip Code
LOS ANGELES	CA	90036

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2015

Transaction ID : SA11AI.68804

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. MRS DOROTHY CONNOR**

Mailing Address 30 JULIO DR APT 618

City	State	Zip Code
SHREWSBURY	MA	01545

FEC ID number of contributing federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.80087

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MRS FRANCES M COONEY**

Mailing Address 29350 GRAND COTEAU DR

City	State	Zip Code
BOERNE	TX	78015

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2015

Transaction ID : SA11AI.68896

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ▶

800.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 38 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR R ROY COSBY**

Mailing Address 18168 DOGWOOD TRAIL RD

City	State	Zip Code
ROCKVILLE	VA	23146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2015

Transaction ID : SA11AI.77974

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR ERNEST E CREECH**

Mailing Address 351 MONROE ST

City	State	Zip Code
NAPA	CA	94559

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2015

Transaction ID : SA11AI.69015

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. MR JOHN CREEDON**

Mailing Address 1 PRYER LN

City	State	Zip Code
LARCHMONT	NY	10538

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2015

Transaction ID : SA11AI.78601

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

900.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 OF 234

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

## **A. MR VIRGINIA CROSS**

Mailing Address 382 COUNTRY LN

City  
RINGGOLD

State Zip Code  
GA 30736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2015

Transaction ID : SA11AI.80757

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

## **B. MR ANTONE CUSTODIO**

Mailing Address 21 SACHEM ST

City  
FALL RIVER

State Zip Code  
MA 02724

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 10 / 2015

Transaction ID : SA11AI.81589

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

## **C. MS GRACE DAVIES**

Mailing Address 1504 PUTTY HILL AVE

City  
BALTIMORE

State Zip Code  
MD 21286

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2015

Transaction ID : SA11AI.69174

Amount of Each Receipt this Period

210.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

440.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 40 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR BRADFORD C DAVIS**

Mailing Address 3612 HUNTER RD

City	State	Zip Code
KERSHAW	SC	29067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2015

Transaction ID : SA11AI.79447

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR BRADFORD C DAVIS**

Mailing Address 3612 HUNTER RD

City	State	Zip Code
KERSHAW	SC	29067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		08		2015

Transaction ID : SA11AI.81035

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. MRS FRANCES B DAVIS**

Mailing Address 4700 WILTON PL

City	State	Zip Code
ALEXANDRIA	LA	71303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2015

Transaction ID : SA11AI.81196

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

585.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR RALPH V DAWIS**

Mailing Address 355 BARD AVE

City	State	Zip Code
STATEN ISLAND	NY	10310

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 RICHMOND CHARITY

 Occupation  
 CHAPLAIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2015

Transaction ID : SA11AI.69211

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. MR RALPH V DAWIS**

Mailing Address 355 BARD AVE

City	State	Zip Code
STATEN ISLAND	NY	10310

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 RICHMOND CHARITY

 Occupation  
 CHAPLAIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2015

Transaction ID : SA11AI.79428

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. REV JOHN T DEAN**

Mailing Address 7 CORSER ST

City	State	Zip Code
HOLYOKE	MA	01040

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 INFORMATION REQUESTED

 Occupation  
 INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	26	/	2015

Transaction ID : SA11AI.79774

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS ANNE DEAVEN**

Mailing Address 3623 FERN VALLEY RD APT 115

City	State	Zip Code
LOUISVILLE	KY	40219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

Transaction ID : SA11AI.69243

Amount of Each Receipt this Period

160.00

Full Name (Last, First, Middle Initial)

**B. MRS HELEN R DECKER**

Mailing Address PO BOX 170009

City	State	Zip Code
ARLINGTON	TX	76003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	03	/	2015

Transaction ID : SA11AI.77743

Amount of Each Receipt this Period

102.00

Full Name (Last, First, Middle Initial)

**C. MRS HELEN R DECKER**

Mailing Address PO BOX 170009

City	State	Zip Code
ARLINGTON	TX	76003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

Transaction ID : SA11AI.81008

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

362.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS THELMA DELANELY**

Mailing Address 24 HOLLOW RD

City  
TELFORDState  
PAZip Code  
18969FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	1	5

**Transaction ID : SA11AI.69273**

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

**B. MR NELSON C DENISON**

Mailing Address 2814 BIRDSEYE LN

City  
BOWIEState  
MDZip Code  
20715FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	1	5

**Transaction ID : SA11AI.69300**

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**C. MR NELSON C DENISON**

Mailing Address 2814 BIRDSEYE LN

City  
BOWIEState  
MDZip Code  
20715FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	5

**Transaction ID : SA11AI.77984**

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

380.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR NELSON C DENISON**

Mailing Address 2814 BIRDSEYE LN

City

BOWIE

State

MD

Zip Code

20715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2015

Transaction ID : SA11AI.77983

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR NELSON C DENISON**

Mailing Address 2814 BIRDSEYE LN

City

BOWIE

State

MD

Zip Code

20715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 20 / 2015

Transaction ID : SA11AI.79646

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

**C. MR NELSON C DENISON**

Mailing Address 2814 BIRDSEYE LN

City

BOWIE

State

MD

Zip Code

20715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 10 / 2015

Transaction ID : SA11AI.81231

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

540.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. TIMOTHY J DEVANNEY**

Mailing Address 70 PORTER ST

City

MANCHESTER

State

CT

Zip Code

06040

FEC ID number of contributing federal political committee.

C

Name of Employer

HIGHLAND PARK MARKET, INC.

Occupation

RETAIL GROCER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		3	0		2	0	1	5		

Transaction ID : SA11AI.69314

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. TIMOTHY J DEVANNEY**

Mailing Address 70 PORTER ST

City

MANCHESTER

State

CT

Zip Code

06040

FEC ID number of contributing federal political committee.

C

Name of Employer

HIGHLAND PARK MARKET, INC.

Occupation

RETAIL GROCER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	1		2	0	1	5		

Transaction ID : SA11AI.81481

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. MRS LINDA DEVRIES**

Mailing Address 15570 W LANARK RD

City

FORRESTON

State

IL

Zip Code

61030

FEC ID number of contributing federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		3	0		2	0	1	5		

Transaction ID : SA11AI.77004

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 46 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. LTC CLIFFORD DIERCKS**

Mailing Address 124 SUSSEX RETREAT

City	State	Zip Code
POOLER	GA	31322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	06	/	2015

Transaction ID : SA11AI.69352

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. GLADYS DOANE**

Mailing Address 3 BROADVIEW

City	State	Zip Code
KIRKSVILLE	MO	63501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	16	/	2015

Transaction ID : SA11AI.81074

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. MR THOMAS E DOBSON**

Mailing Address 5185 MOUNT ALIFAN DR

City	State	Zip Code
SAN DIEGO	CA	92111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	09	/	2015

Transaction ID : SA11AI.69403

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1150.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 47 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS RUTH DORNACK**

Mailing Address 300 3RD AVE SE

City  
PLAINVIEWState Zip Code  
MN 55964FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 18 / 2015

Transaction ID : SA11AI.69431

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. MRS RUTH DORNACK**

Mailing Address 300 3RD AVE SE

City  
PLAINVIEWState Zip Code  
MN 55964FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 16 / 2015

Transaction ID : SA11AI.69432

Amount of Each Receipt this Period

212.00

Full Name (Last, First, Middle Initial)

**C. MRS RUTH DORNACK**

Mailing Address 300 3RD AVE SE

City  
PLAINVIEWState Zip Code  
MN 55964FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

612.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 28 / 2015

Transaction ID : SA11AI.78177

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

512.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS RUTH DORNACK**

Mailing Address 300 3RD AVE SE

City  
PLAINVIEWState Zip Code  
MN 55964FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

662.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.81412

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. LEONA DROPPA**

Mailing Address 6921 SW 108TH ST

City  
OCALAState Zip Code  
FL 34476FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	19	/	2015

Transaction ID : SA11AI.81169

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. MR. HUGH R DUNLAP JR**

Mailing Address 989 SHOOTING BOX RD

City  
KING WILLIAMState Zip Code  
VA 23086FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	11	/	2015

Transaction ID : SA11AI.69504

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

285.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR. HUGH R DUNLAP JR**

Mailing Address 989 SHOOTING BOX RD

City  
KING WILLIAM

State Zip Code  
VA 23086

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

03 / 26 / 2015

Transaction ID : SA11AI.69505

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR. HUGH R DUNLAP JR**

Mailing Address 989 SHOOTING BOX RD

City  
KING WILLIAM

State Zip Code  
VA 23086

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 21 / 2015

Transaction ID : SA11AI.78642

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR. HUGH R DUNLAP JR**

Mailing Address 989 SHOOTING BOX RD

City  
KING WILLIAM

State Zip Code  
VA 23086

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

06 / 10 / 2015

Transaction ID : SA11AI.80178

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 50 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS JOAN W DUPONT**

Mailing Address 303 HULLS FARM RD

City  
SOUTHPORTState Zip Code  
CT 06890FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2015

Transaction ID : SA11AI.69514

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. MR JOHN DURKOVIC**

Mailing Address 2620 FOREST LK

City  
SANTA ANAState Zip Code  
CA 92705FEC ID number of contributing  
federal political committee.

C

Name of Employer

PACIFIC LW DISTRICT - LCMS

Occupation

CLERGYMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 30 / 2015

Transaction ID : SA11AI.69521

Amount of Each Receipt this Period

71.00

Full Name (Last, First, Middle Initial)

**C. MR GARY L DWYER**

Mailing Address PO BOX 426

City  
HOULTONState Zip Code  
ME 04730FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2015

Transaction ID : SA11AI.69525

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

371.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS PATRICIA DYER**

Mailing Address 7715 N FM 565 RD

City	State	Zip Code
COVE	TX	77523

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		0	9		2	0	1	5		

Transaction ID : SA11AI.69536

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**B. MRS PATRICIA DYER**

Mailing Address 7715 N FM 565 RD

City	State	Zip Code
COVE	TX	77523

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		3	1		2	0	1	5		

Transaction ID : SA11AI.69535

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR WILLIAM J ELSE**

Mailing Address 10 N MAGUIRE AVE APT 315

City	State	Zip Code
TUCSON	AZ	85710

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		0	9		2	0	1	5		

Transaction ID : SA11AI.69634

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

625.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR MICHAEL A ERICE**

Mailing Address 2756 HYSON LN

City

FALLS CHURCH

State

VA

Zip Code

22043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEW YORK LIFE

Occupation

AGENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

Transaction ID : SA11AI.69677

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR MICHAEL A ERICE**

Mailing Address 2756 HYSON LN

City

FALLS CHURCH

State

VA

Zip Code

22043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEW YORK LIFE

Occupation

AGENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : SA11AI.69678

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. MR MICHAEL A ERICE**

Mailing Address 2756 HYSON LN

City

FALLS CHURCH

State

VA

Zip Code

22043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEW YORK LIFE

Occupation

AGENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2015

Transaction ID : SA11AI.78637

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

400.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 53 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR MICHAEL A ERICE**

Mailing Address 2756 HYSON LN

City	State	Zip Code
FALLS CHURCH	VA	22043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEW YORK LIFE

Occupation

AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : SA11AI.80172

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MILDRED ERNST**

Mailing Address 27200 HIGHWAY BB

City	State	Zip Code
GRAND PASS	MO	65339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

Transaction ID : SA11AI.69692

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MILDRED ERNST**

Mailing Address 27200 HIGHWAY BB

City	State	Zip Code
GRAND PASS	MO	65339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

Transaction ID : SA11AI.79541

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

175.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS JOSEFINE GEBLER EVANS**

Mailing Address 23500 SHILOH CHURCH RD

City State Zip Code  
BOYDS MD 20841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 03 / 2015

**Transaction ID : SA11AI.77512**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. JOSETTE FARNUM**

Mailing Address 14555 E HAMPDEN AVE APT 368

City State Zip Code  
AURORA CO 80014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 30 / 2015

**Transaction ID : SA11AI.69765**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. JOSETTE FARNUM**

Mailing Address 14555 E HAMPDEN AVE APT 368

City State Zip Code  
AURORA CO 80014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2015

**Transaction ID : SA11AI.78324**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR JOHN FEHSENFELD**

Mailing Address PO BOX 35200

City  
LAS VEGASState Zip Code  
NV 89133FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

Transaction ID : SA11AI.69797

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MS MARY FELLER**

Mailing Address 106 S 190 E

City  
VALPARAISOState Zip Code  
IN 46383FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2015

Transaction ID : SA11AI.78728

Amount of Each Receipt this Period

53.00

Full Name (Last, First, Middle Initial)

**C. MS MARY FELLER**

Mailing Address 106 S 190 E

City  
VALPARAISOState Zip Code  
IN 46383FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	26	/	2015

Transaction ID : SA11AI.78729

Amount of Each Receipt this Period

53.00

SUBTOTAL of Receipts This Page (optional)..... ►

206.00

TOTAL This Period (last page this line number only)..... ►

X	11a		11b		11c		12		
	13		14		15		16		17

## SPECIAL OPERATIONS FOR AMERICA

Age Group	Percentage
18-24	~10.00
25-34	~15.00
35-44	35.00
45-54	~15.00
55-64	~10.00
65-74	~5.00
75-84	~2.00
85+	~2.00

[illegible]



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 57 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS JUNE A FISHER**

Mailing Address 626 SUNNYLAND AVE

City	State	Zip Code
PITTSBURGH	PA	15227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

Transaction ID : SA11AI.69877

Amount of Each Receipt this Period

140.00

Full Name (Last, First, Middle Initial)

**B. MR ROGER L FISHER**

Mailing Address 2006 TILBURY RD

City	State	Zip Code
WATERLOO	IA	50701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	13	/	2015

Transaction ID : SA11AI.69876

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MR ROGER L FISHER**

Mailing Address 2006 TILBURY RD

City	State	Zip Code
WATERLOO	IA	50701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

Transaction ID : SA11AI.69886

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

640.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR ROGER L FISHER**

Mailing Address 2006 TILBURY RD

City  
WATERLOOState Zip Code  
IA 50701FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2015

Transaction ID : SA11AI.79742

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. MISS ANN FLYNT**

Mailing Address 1244 ARBOR RD APT B409

City  
WINSTON SALEMState Zip Code  
NC 27104FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : SA11AI.76852

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MRS INGA FORLINE**

Mailing Address 6095 ROCKRIDGE BLVD

City  
OAKLANDState Zip Code  
CA 94618FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2015

Transaction ID : SA11AI.78942

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

390.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS INGA FORLINE**

Mailing Address 6095 ROCKRIDGE BLVD

City	State	Zip Code
OAKLAND	CA	94618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	26	/	2015

Transaction ID : SA11Al.78943

Amount of Each Receipt this Period

57.00

Full Name (Last, First, Middle Initial)

**B. MS JOYCE M GALE**

Mailing Address 7928 E PUEBLO AVE UNIT 55

City	State	Zip Code
MESA	AZ	85208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	17	/	2015

Transaction ID : SA11Al.70089

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. MS JOYCE M GALE**

Mailing Address 7928 E PUEBLO AVE UNIT 55

City	State	Zip Code
MESA	AZ	85208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	30	/	2015

Transaction ID : SA11Al.70090

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

382.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 60 OF 234  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS DELPHA GARD**

Mailing Address 9 HOSPITAL DR APT 221

City	State	Zip Code
CANYON	TX	79015

FEC ID number of contributing federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
03			30			2015			

Transaction ID : SA11AI.70127

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MRS BETTY GARDNER**

Mailing Address 1572 GOODIN HOLLOW RD

City	State	Zip Code
NOEL	MO	64854

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
04			29			2015			

Transaction ID : SA11AI.77854

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

**C. MRS BETTY GARDNER**

Mailing Address 1572 GOODIN HOLLOW RD

City	State	Zip Code
NOEL	MO	64854

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			22			2015			

Transaction ID : SA11AI.79515

Amount of Each Receipt this Period

90.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

680.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 61 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS BETTY GARDNER**

Mailing Address 1572 GOODIN HOLLOW RD

City	State	Zip Code
NOEL	MO	64854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : SA11AI.81094

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

**B. MR JAMES GARIS**

Mailing Address PO BOX 206

City	State	Zip Code
DARROUZETT	TX	79024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	08	/	2015

Transaction ID : SA11AI.79310

Amount of Each Receipt this Period

106.00

Full Name (Last, First, Middle Initial)

**C. MR FRANCIS H GARRISON**

Mailing Address PO BOX 142

City	State	Zip Code
BRUNING	NE	68322

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

Transaction ID : SA11AI.77670

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

206.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 62 OF 234  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR JOSEPH E GLEASON**

Mailing Address 8340 GREENRIDGE RD

City	State	Zip Code
NORTH CHARLESTON	SC	29406

FEC ID number of contributing federal political committee.

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

Transaction ID : SA11AI.70266

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. MR JOSEPH E GLEASON**

Mailing Address 8340 GREENRIDGE RD

City	State	Zip Code
NORTH CHARLESTON	SC	29406

FEC ID number of contributing federal political committee.

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : SA11AI.70267

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. MR JOSEPH E GLEASON**

Mailing Address 8340 GREENRIDGE RD

City	State	Zip Code
NORTH CHARLESTON	SC	29406

FEC ID number of contributing federal political committee.

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2015

Transaction ID : SA11AI.79118

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR JOSEPH E GLEASON**

Mailing Address 8340 GREENRIDGE RD

City	State	Zip Code
NORTH CHARLESTON	SC	29406

FEC ID number of contributing federal political committee.

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2015

Transaction ID : SA11AI.80677

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. MR ROBERT GRANDPRE**

Mailing Address 606 SHOREWOOD DR UNIT 508

City	State	Zip Code
CAPE CANAVERAL	FL	32920

FEC ID number of contributing federal political committee.

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2015

Transaction ID : SA11AI.70363

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. GWEN GRAPES**

Mailing Address 300 COMBS AVE

City	State	Zip Code
STATEN ISLAND	NY	10306

FEC ID number of contributing federal political committee.

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : SA11AI.70367

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 64 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. GWEN GRAPES**

Mailing Address 300 COMBS AVE

City

STATEN ISLAND

State

NY

Zip Code

10306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	4		2	0	1	5		

Transaction ID : SA11AI.79809

Amount of Each Receipt this Period

159.00

Full Name (Last, First, Middle Initial)

**B. DOUGLAS GRAY**

Mailing Address 5408 E K ST

City

TACOMA

State

WA

Zip Code

98404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		1	8		2	0	1	5		

Transaction ID : SA11AI.70386

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. MR JOHN S GRAY**

Mailing Address 1724 W HOMEWOOD AVE

City

SPRINGFIELD

State

IL

Zip Code

62704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CAPITAL AREA CANCER CENTER

Occupation

CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		2	4		2	0	1	5		

Transaction ID : SA11AI.70382

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

934.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 65 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR JOHN S GRAY**

Mailing Address 1724 W HOMEWOOD AVE

City  
SPRINGFIELDState  
IL Zip Code  
62704FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAPITAL AREA CANCER CENTEROccupation  
CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

Transaction ID : SA11AI.70388

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. MR JOHN S GRAY**

Mailing Address 1724 W HOMEWOOD AVE

City  
SPRINGFIELDState  
IL Zip Code  
62704FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAPITAL AREA CANCER CENTEROccupation  
CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

Transaction ID : SA11AI.77846

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**C. JOHN GREYTAK**

Mailing Address 1601 PARK BEACH CIR APT 116

City  
PUNTA GORDAState  
FL Zip Code  
33950FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTEDOccupation  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2015

Transaction ID : SA11AI.79554

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

850.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 66 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR RICHARD GRIFFIN**

Mailing Address PO BOX 91610

City

LAFAYETTE

State

LA

Zip Code

70509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	5

Transaction ID : SA11AI.70430

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. HELEN GROSS**

Mailing Address 2455 E WOODSTONE DR

City

HAYDEN

State

ID

Zip Code

83835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	5

Transaction ID : SA11AI.70465

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR JOHN GULLEY**

Mailing Address 304 BELLFIELD RD

City

KNOXVILLE

State

TN

Zip Code

37934

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	1	5

Transaction ID : SA11AI.70485

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

450.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 67 OF 234

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR HERBERT H HAGENS**

Mailing Address 61 LOWER HARRISON ST

City

PRINCETON

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015

Transaction ID : SA11AI.70529

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. ALMA HALL**

Mailing Address 1180 DAVID GILES LN

City

BLAIRS

State

VA

Zip Code

24527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 12 / 2015

Transaction ID : SA11AI.70570

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MR ROBERT E HALL**

Mailing Address 9221 WADSWORTH PKWY

City

BROOMFIELD

State

CO

Zip Code

80021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 09 / 2015

Transaction ID : SA11AI.70573

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 68 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR ROBERT H HAMBURG**

Mailing Address PO BOX 844

City	State	Zip Code
FOLEY	AL	36536

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

Transaction ID : SA11AI.77687

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR J KERN HAMILTON**

Mailing Address 800 BLOSSOM HILL RD UNIT E324

City	State	Zip Code
LOS GATOS	CA	95032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2015

Transaction ID : SA11AI.70599

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MR WAYNE HANLON**

Mailing Address 1530 YUCCA ST

City	State	Zip Code
MEDFORD	OR	97504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	26	/	2015

Transaction ID : SA11AI.79235

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 69 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR WAYNE HANLON**

Mailing Address 1530 YUCCA ST

City  
MEDFORDState  
ORZip Code  
97504FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : SA11AI.80802

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MISS CHARLOTTE HARBS**

Mailing Address 6486 82ND PL

City  
MIDDLE VILLAGEState  
NYZip Code  
11379FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.80134

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MRS VIRGINIA HARDIN**

Mailing Address 3104 WINTERBERRY SQ

City  
ROANOKEState  
VAZip Code  
24018FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2015

Transaction ID : SA11AI.70663

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 70 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR RICHARD B HARDY**

Mailing Address 41 MCGREGORY RD

City

STURBRIDGE

State

MA

Zip Code

01566

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		04		2015

Transaction ID : SA11AI.78557

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. MR RICHARD B HARDY**

Mailing Address 41 MCGREGORY RD

City

STURBRIDGE

State

MA

Zip Code

01566

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		22		2015

Transaction ID : SA11AI.80088

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. MS ANNE FREYER HARRILL**

Mailing Address 1227 WOODS HAVEN RD

City

EVERGREEN

State

CO

Zip Code

80439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		22		2015

Transaction ID : SA11AI.79674

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 71 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS BOBBYE HARRIS**

Mailing Address 135 WINDSOR DR

City	State	Zip Code
CALHOUN	GA	30701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

Transaction ID : SA11AI.70696

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MISS CLAUDINE HARRIS RN**

Mailing Address PO BOX 4133

City	State	Zip Code
DANA POINT	CA	92629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2015

Transaction ID : SA11AI.77162

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. MS BETTY HARRISON**

Mailing Address 46 VILLAGE CIR

City	State	Zip Code
MANHATTAN BCH	CA	90266

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2015

Transaction ID : SA11AI.70709

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 72 OF 234

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS BETTY HARRISON**

Mailing Address 46 VILLAGE CIR

City State Zip Code  
 MANHATTAN BCH CA 90266

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 04 / 2015

Transaction ID : SA11AI.79994

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MRS ELIZABETH R HASKINS**

Mailing Address 150 FOREST HILL VW

City State Zip Code  
 LEXINGTON VA 24450

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2015

Transaction ID : SA11AI.80187

Amount of Each Receipt this Period

38.00

Full Name (Last, First, Middle Initial)

**C. MRS ELIZABETH R HASKINS**

Mailing Address 150 FOREST HILL VW

City State Zip Code  
 LEXINGTON VA 24450

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2015

Transaction ID : SA11AI.80188

Amount of Each Receipt this Period

38.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

176.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 73 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS HELEN J HAUSER**

Mailing Address 7 MEAD TER

City	State	Zip Code
GLEN RIDGE	NJ	07028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	6		2	0	1	5		

Transaction ID : SA11AI.79978

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. LINDA HEATH**

Mailing Address 3322 SW REGATTA DR

City	State	Zip Code
LEES SUMMIT	MO	64082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		0	3		2	0	1	5		

Transaction ID : SA11AI.78505

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. LINDA HEATH**

Mailing Address 3322 SW REGATTA DR

City	State	Zip Code
LEES SUMMIT	MO	64082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	6		2	0	1	5		

Transaction ID : SA11AI.80044

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

350.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 74 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR JOHN HEDLUND**

Mailing Address PO BOX 245

City  
GLENOMAState Zip Code  
WA 98336FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2015

Transaction ID : SA11AI.78123

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. MR JOHN HEDLUND**

Mailing Address PO BOX 245

City  
GLENOMAState Zip Code  
WA 98336FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : SA11AI.78122

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. MRS EILEEN HEIM**

Mailing Address 4920 SENTINEL DR APT 406

City  
BETHESDAState Zip Code  
MD 20816FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

Transaction ID : SA11AI.70834

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 234

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS EILEEN HEIM**

Mailing Address 4920 SENTINEL DR APT 406

City	State	Zip Code
BETHESDA	MD	20816

FEC ID number of contributing federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2015

Transaction ID : SA11AI.77991

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. MR GENE W HENDRIX**

Mailing Address PO BOX 1255

City	State	Zip Code
BETHANY BEACH	DE	19930

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

Transaction ID : SA11AI.70871

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

**C. MR DEAN HENKE**

Mailing Address 5239 PAWNEE ST

City	State	Zip Code
LINCOLN	NE	68506

FEC ID number of contributing federal political committee.

C

Name of Employer

UNITED STATES POSTAL SERVICE

Occupation

CITY CARRIER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2015

Transaction ID : SA11AI.70877

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

355.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 234  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR DONALD HENTGES**

Mailing Address 2866 BRUECK RD

City State Zip Code  
DUBUQUE IA 52001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2015

Transaction ID : SA11AI.70896

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. MS MILAGROS HERNANDEZ**

Mailing Address 2315 GROESBECK AVE

City State Zip Code  
LANSING MI 48912

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2015

Transaction ID : SA11AI.77661

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**C. MS MILAGROS HERNANDEZ**

Mailing Address 2315 GROESBECK AVE

City State Zip Code  
LANSING MI 48912

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2015

Transaction ID : SA11AI.79344

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

460.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 77 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS MILAGROS HERNANDEZ**

Mailing Address 2315 GROESBECK AVE

City  
LANSINGState Zip Code  
MI 48912FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.80952

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR HAL D HICHBORN**

Mailing Address 1545 MATHEWS AVE

City  
MANHATTAN BEACHState Zip Code  
CA 90266FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.80464

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. MS HAROLDENE HILL**

Mailing Address 9710 E 5TH ST

City  
TULSAState Zip Code  
OK 74128FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	04	/	2015

Transaction ID : SA11AI.80563

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

295.00

**TOTAL** This Period (last page this line number only)..... ►

☒ 11a   
 ☐ 11b   
 ☐ 11c   
 ☐ 12   
 ☐ 13   
 ☐ 14   
 ☐ 15   
 ☐ 16   
 ☐ 17

## SPECIAL OPERATIONS FOR AMERICA

[illegible]

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 79 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR RICHARD S HOPPER**

Mailing Address 1170N CHANNEL LN

City

OAK HARBOR

State

WA

Zip Code

98277

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		1	6		2	0	1	5		

Transaction ID : SA11Al.71095

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. HARRY A HOUGHTLING**

Mailing Address 4496 ROYALTON CENTER RD

City

GASPORT

State

NY

Zip Code

14067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		1	5		2	0	1	5		

Transaction ID : SA11Al.79706

Amount of Each Receipt this Period

249.00

Full Name (Last, First, Middle Initial)

**C. MS CHRISTINE HOWCROFT**

Mailing Address 155 FIRE TOWER RD

City

SOMERVILLE

State

TN

Zip Code

38068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	4		2	0	1	5		

Transaction ID : SA11Al.71129

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

749.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 80 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS CHRISTINE HOWCROFT**

Mailing Address 155 FIRE TOWER RD

City	State	Zip Code
SOMERVILLE	TN	38068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2015

Transaction ID : SA11AI.80256

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. RUTH HOWE**

Mailing Address 3624 BIRCHMONT DR NE

City	State	Zip Code
BEMIDJI	MN	56601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

Transaction ID : SA11AI.80701

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MR GRAEME J HUNTER**

Mailing Address 6 ROYAL TERRACE CT

City	State	Zip Code
DALLAS	TX	75225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2015

Transaction ID : SA11AI.71211

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

625.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 81 OF 234

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR GRAEME J HUNTER**

Mailing Address 6 ROYAL TERRACE CT

City

DALLAS

State

TX

Zip Code

75225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 30 / 2015

Transaction ID : SA11AI.71213

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR GRAEME J HUNTER**

Mailing Address 6 ROYAL TERRACE CT

City

DALLAS

State

TX

Zip Code

75225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

04 / 27 / 2015

Transaction ID : SA11AI.77814

Amount of Each Receipt this Period

195.00

Full Name (Last, First, Middle Initial)

**C. MR GRAEME J HUNTER**

Mailing Address 6 ROYAL TERRACE CT

City

DALLAS

State

TX

Zip Code

75225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1295.00

Date of Receipt

05 / 21 / 2015

Transaction ID : SA11AI.79492

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

895.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 234  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

## **A. MRS JEAN HYDE**

Mailing Address 4428 136TH PL SE

City State Zip Code  
 BELLEVUE WA 98006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

Transaction ID : SA11AI.71233

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. MR PAUL E JACKSON**

Mailing Address 917 MARINA DR

City State Zip Code  
 PANAMA CITY BEACH FL 32407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2015

Transaction ID : SA11AI.80996

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. MR LOREN JAHN**

Mailing Address 13149 N COUNTRY CLUB CT

City State Zip Code  
 PALOS HEIGHTS IL 60463

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2015

Transaction ID : SA11AI.71305

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 83 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR LOREN JAHN**

Mailing Address 13149 N COUNTRY CLUB CT

City	State	Zip Code
PALOS HEIGHTS	IL	60463

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

Transaction ID : SA11AI.71306

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. MR LOREN JAHN**

Mailing Address 13149 N COUNTRY CLUB CT

City	State	Zip Code
PALOS HEIGHTS	IL	60463

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

Transaction ID : SA11AI.77459

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. MRS BARBARA A JARVIS**

Mailing Address 13923 DUNCANNON DR

City	State	Zip Code
HOUSTON	TX	77015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.80564

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

700.00

TOTAL This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 84 OF 234

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR THEODORE J JOHNSON**

Mailing Address 615 HERMITAGE CIR

City State Zip Code  
PALM BEACH GARDENS FL 33410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2015

Transaction ID : SA11AI.71426

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. THOMAS JOHNSON**

Mailing Address 125 RYAN DR

City State Zip Code  
PALM COAST FL 32164

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 18 / 2015

Transaction ID : SA11AI.81422

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. MR ROBERT A JOHNSTON JR**

Mailing Address 111 RUNNYMEDE LN

City State Zip Code  
SUMMERVILLE SC 29485

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 26 / 2015

Transaction ID : SA11AI.78656

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

270.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 85 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS DORIS JONES**

Mailing Address 355 IVAN CAIN RD

City	State	Zip Code
BIG CLIFTY	KY	42712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2015

Transaction ID : SA11AI.71483

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. MR JOHN A KACUR**

Mailing Address 9 TAMARACK LN

City	State	Zip Code
LYON MOUNTAIN	NY	12952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2015

Transaction ID : SA11AI.77261

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. MR JOHN A KACUR**

Mailing Address 9 TAMARACK LN

City	State	Zip Code
LYON MOUNTAIN	NY	12952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : SA11AI.79008

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

900.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 86 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR ORVILLE A KAFFENBERGER**

Mailing Address 10215 DALE CREST DR

City	State	Zip Code
DALLAS	TX	75229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2015

Transaction ID : SA11Al.71547

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR ORVILLE A KAFFENBERGER**

Mailing Address 10215 DALE CREST DR

City	State	Zip Code
DALLAS	TX	75229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

Transaction ID : SA11Al.71548

Amount of Each Receipt this Period

113.00

Full Name (Last, First, Middle Initial)

**C. MR ORVILLE A KAFFENBERGER**

Mailing Address 10215 DALE CREST DR

City	State	Zip Code
DALLAS	TX	75229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2015

Transaction ID : SA11Al.79967

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

213.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 87 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR ORVILLE A KAFFENBERGER**

Mailing Address 10215 DALE CREST DR

City	State	Zip Code
DALLAS	TX	75229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

571.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : SA11AI.79966

Amount of Each Receipt this Period

170.00

Full Name (Last, First, Middle Initial)

**B. MR ORVILLE A KAFFENBERGER**

Mailing Address 10215 DALE CREST DR

City	State	Zip Code
DALLAS	TX	75229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : SA11AI.81572

Amount of Each Receipt this Period

170.00

Full Name (Last, First, Middle Initial)

**C. MRS LAURA M KAUFFMANN**

Mailing Address 1565 BAY POINT DR

City	State	Zip Code
SARASOTA	FL	34236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2015

Transaction ID : SA11AI.71589

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

940.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 88 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS LAURA M KAUFFMANN**

Mailing Address 1565 BAY POINT DR

City  
SARASOTAState Zip Code  
FL 34236FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06	/	22	/	2015

Transaction ID : SA11AI.81214

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. P J KEELEY**

Mailing Address 26990 N COUNTRYSIDE LAKE DR

City  
MUNDELEINState Zip Code  
IL 60060FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05	/	04	/	2015

Transaction ID : SA11AI.79123

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. MRS DORIS A KELLY**

Mailing Address 9957 BURL WAY

City  
ORLANDOState Zip Code  
FL 32817FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04	/	02	/	2015

Transaction ID : SA11AI.77713

Amount of Each Receipt this Period

53.00

SUBTOTAL of Receipts This Page (optional)..... ►

853.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 OF 234  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

## **A. MS OLGA KEMPTON**

Mailing Address 11753 CRANFORD WAY

City State Zip Code  
OAKLAND CA 94605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 13 / 2015

Transaction ID : SA11AI.71660

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **B. MS OLGA KEMPTON**

Mailing Address 11753 CRANFORD WAY

City State Zip Code  
OAKLAND CA 94605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2015

Transaction ID : SA11AI.71662

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

## **C. MS OLGA KEMPTON**

Mailing Address 11753 CRANFORD WAY

City State Zip Code  
OAKLAND CA 94605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2015

Transaction ID : SA11AI.81363

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 90 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS ELSIE LUCILLE KESTER**

Mailing Address 6002 RON KING TRL

City	State	Zip Code
LITTLETON	CO	80125

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : SA11AI.78439

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MRS FRANCES E KING**

Mailing Address 599 BRAYBARTON BLVD

City	State	Zip Code
STEUBENVILLE	OH	43952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2015

Transaction ID : SA11AI.71742

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. MRS FRANCES E KING**

Mailing Address 599 BRAYBARTON BLVD

City	State	Zip Code
STEUBENVILLE	OH	43952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

Transaction ID : SA11AI.77276

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 OF 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR LEONARD M KIRK**

Mailing Address 6 HUNTER DR

City State Zip Code  
BEL AIR MD 21014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 26 / 2015

Transaction ID : SA11AI.78629

Amount of Each Receipt this Period

301.00

Full Name (Last, First, Middle Initial)

**B. MRS GWEN KNIGHT**

Mailing Address 10100 HILLVIEW DR APT 1312

City State Zip Code  
PENSACOLA FL 32514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2015

Transaction ID : SA11AI.78673

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR ADAM E KOLODZIEJSKI**

Mailing Address 3049 BEECHWOOD RD

City State Zip Code  
ROSE CITY MI 48654

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 17 / 2015

Transaction ID : SA11AI.71856

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

501.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR ADAM E KOLODZIEJSKI**

Mailing Address 3049 BEECHWOOD RD

City

ROSE CITY

State

MI

Zip Code

48654

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 03 / 2015

Transaction ID : SA11AI.71857

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MS GLORIA KOTZER**

Mailing Address 201 BEVERLY AVE

City

READING

State

PA

Zip Code

19607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2015

Transaction ID : SA11AI.79736

Amount of Each Receipt this Period

68.00

Full Name (Last, First, Middle Initial)

**C. MS JOAN KRAUSS**

Mailing Address 222 ARBOR RD

City

FRANKLIN LKS

State

NJ

Zip Code

07417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2015

Transaction ID : SA11AI.78582

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

368.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 93 OF 234  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MISS MARCIA LANE**

Mailing Address 1449 W LINDSEY FERRY RD

City State Zip Code  
COLUMBUS MS 39701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ENTREPRENEUR

Occupation

ENTREPRENEUR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 17 / 2015

Transaction ID : SA11AI.72015

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. MS MARGUERIT LANGLEY**

Mailing Address 171 LITTLEFIELD RD

City State Zip Code  
MONTEREY CA 93940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 12 / 2015

Transaction ID : SA11AI.72028

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. MS MARGUERIT LANGLEY**

Mailing Address 171 LITTLEFIELD RD

City State Zip Code  
MONTEREY CA 93940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2015

Transaction ID : SA11AI.78931

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

800.00

X	11a		11b		11c		12		
	13		14		15		16		17

## SPECIAL OPERATIONS FOR AMERICA

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 95 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS MARY LARSEN**

Mailing Address 45162 ELM ST

City	State	Zip Code
INDIO	CA	92201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2015

Transaction ID : SA11AI.72056

Amount of Each Receipt this Period

76.00

Full Name (Last, First, Middle Initial)

**B. MR ELDON LATHAM**

Mailing Address 1212 SUNNYSIDE DR

City	State	Zip Code
EUGENE	OR	97404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2015

Transaction ID : SA11AI.77214

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. STANLEY LAWLER**

Mailing Address PO BOX 320069

City	State	Zip Code
BIRMINGHAM	AL	35232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LAWLER FOUNDRY

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2015

Transaction ID : SA11AI.72096

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

616.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 OF 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS LOUISE LAWRENCE**

Mailing Address 104 GRANT CT

City State Zip Code  
NEW BERN NC 28562

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2015

Transaction ID : SA11AI.77282

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. MR ROBERT LEONARD**

Mailing Address 20203 CHERRY RD NW

City State Zip Code  
SOAP LAKE WA 98851

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : SA11AI.72156

Amount of Each Receipt this Period

113.00

Full Name (Last, First, Middle Initial)

**C. MR ROBERT LEONARD**

Mailing Address 20203 CHERRY RD NW

City State Zip Code  
SOAP LAKE WA 98851

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2015

Transaction ID : SA11AI.80532

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

238.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 97 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. ONA LESTER**

Mailing Address 1101 HUMPHRIES RD NW

City	State	Zip Code
CONYERS	GA	30012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2015

Transaction ID : SA11AI.72166

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. ONA LESTER**

Mailing Address 1101 HUMPHRIES RD NW

City	State	Zip Code
CONYERS	GA	30012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

Transaction ID : SA11AI.72169

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR ELMER LEWIS**

Mailing Address 102 FRANCES DR

City	State	Zip Code
YORKTOWN	VA	23692

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : SA11AI.80185

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

400.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS MARY ANNE LEWIS**

Mailing Address 3784 FRAZEYSBURG RD UNIT 149

City  
ZANESVILLEState  
OH Zip Code  
43701FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2015

Transaction ID : SA11AI.72191

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. KAREN LIEN**

Mailing Address 1435 ELEPHANT RD

City  
PERKASIEState  
PA Zip Code  
18944FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2015

Transaction ID : SA11AI.72206

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. KAREN LIEN**

Mailing Address 1435 ELEPHANT RD

City  
PERKASIEState  
PA Zip Code  
18944FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2015

Transaction ID : SA11AI.78353

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2075.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. KAREN LIEN**

Mailing Address 1435 ELEPHANT RD

City State Zip Code  
PERKASIE PA 18944

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 04 / 2015

Transaction ID : SA11AI.81554

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. MR DONALD L LJUNGREN**

Mailing Address 945 CENTURY AVE SW APT 214

City State Zip Code  
HUTCHINSON MN 55350

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2015

Transaction ID : SA11AI.80817

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. WILLIAM L LOEB**

Mailing Address 1303 MICHIGAN AVE

City State Zip Code  
HORSESHOE BND AR 72512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LOEB PROPERTIES, MFS, TN

Occupation

AGENCY ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 09 / 2015

Transaction ID : SA11AI.72295

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2350.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. OPAL LOFDAHL**

Mailing Address 300 S 7TH ST APT 3

City  
TEKAMAHState Zip Code  
NE 68061FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2015

Transaction ID : SA11AI.79949

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. OPAL LOFDAHL**

Mailing Address 300 S 7TH ST APT 3

City  
TEKAMAHState Zip Code  
NE 68061FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2015

Transaction ID : SA11AI.81551

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. LORRAINE LOVELACE**

Mailing Address 4974 RIO VERDE DR

City  
SAN JOSEState Zip Code  
CA 95118FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

HOMEMAKER

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2015

Transaction ID : SA11AI.72355

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

315.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. LORRAINE LOVELACE**

Mailing Address 4974 RIO VERDE DR

City

SAN JOSE

State

CA

Zip Code

95118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : SA11Al.77711

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**B. EDWARD A LOZICK**

Mailing Address 29425 CHAGRIN BLVD #201

City

CLEVELAND

State

OH

Zip Code

44122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2015

Transaction ID : SA11Al.72367

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. ROBERT LUCK**

Mailing Address 210 GLEASON RD

City

DOLGEVILLE

State

NY

Zip Code

13329

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2015

Transaction ID : SA11Al.72378

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

545.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 OF 234  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. ROBERT LUCK**

Mailing Address 210 GLEASON RD

City State Zip Code  
DOLGEVILLE NY 13329

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 30 / 2015

Transaction ID : SA11AI.77542

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. ROBERT LUCK**

Mailing Address 210 GLEASON RD

City State Zip Code  
DOLGEVILLE NY 13329

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2015

Transaction ID : SA11AI.79246

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. ROBERT LUCK**

Mailing Address 210 GLEASON RD

City State Zip Code  
DOLGEVILLE NY 13329

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2015

Transaction ID : SA11AI.80812

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 103 OF 234

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR ROBERT E MALONE**

Mailing Address 18721 E BUCKSKIN DR  
P O BOX 32063

City State Zip Code  
RIO VERDE AZ 85263

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2015

Transaction ID : SA11AI.72480

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. MR DAVID P MARION**

Mailing Address 10276 N DOWLING RD

City State Zip Code  
COLLEGE STATION TX 77845

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 02 / 2015

Transaction ID : SA11AI.77080

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR DAVID P MARION**

Mailing Address 10276 N DOWLING RD

City State Zip Code  
COLLEGE STATION TX 77845

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2015

Transaction ID : SA11AI.78850

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 104 OF 234

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS W MARKWARDT**

Mailing Address 207 HCR 3171 LOOP

City  
MALONE

State Zip Code  
TX 76660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 24 / 2015

Transaction ID : SA11AI.80417

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. FR CHARLES MARTIN**

Mailing Address 220 COLUMBIA ST

City  
JOHNSTOWN

State Zip Code  
PA 15905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

04 / 27 / 2015

Transaction ID : SA11AI.76800

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**C. FR CHARLES MARTIN**

Mailing Address 220 COLUMBIA ST

City  
JOHNSTOWN

State Zip Code  
PA 15905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

06 / 15 / 2015

Transaction ID : SA11AI.80152

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

825.00



X	11a		11b		11c		12		
	13		14		15		16		17

## SPECIAL OPERATIONS FOR AMERICA

[illegible]

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 106 OF 234  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS MARY MATTHEWS**

Mailing Address 4876 PATRICK RD

City	State	Zip Code
WINNSBORO	SC	29180

FEC ID number of contributing federal political committee.

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	12	/	2015

Transaction ID : SA11AI.72600

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. MRS MARY MATTHEWS**

Mailing Address 4876 PATRICK RD

City	State	Zip Code
WINNSBORO	SC	29180

FEC ID number of contributing federal political committee.

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2015

Transaction ID : SA11AI.76862

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. ISABEL MCCOMBER**

Mailing Address 3652 STEVELY AVE

City	State	Zip Code
LONG BEACH	CA	90808

FEC ID number of contributing federal political committee.

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2015

Transaction ID : SA11AI.72684

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 OF 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS GLADYS E MCCUBBIN**

Mailing Address 250 PANTOPS MOUNTAIN RD BOX 39

City State Zip Code  
 CHARLOTTESVILLE VA 22911

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

05 / 20 / 2015

Transaction ID : SA11AI.79396

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MS BETTY Y MCCULLOCH**

Mailing Address 8315 KINGFISHER LN

City State Zip Code  
 PICKERINGTON OH 43147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 16 / 2015

Transaction ID : SA11AI.72711

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. MR WILLIAM G MCLAUGHLIN**

Mailing Address 7430 SUNSHINE SKYWAY LN S

City State Zip Code  
 ST PETERSBURG FL 33711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

04 / 27 / 2015

Transaction ID : SA11AI.78363

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

215.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 108 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR ROBERT C MCMAHAN**

Mailing Address 21 ROBINLAKE LN

City	State	Zip Code
HOUSTON	TX	77024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

Transaction ID : SA11AI.80419

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR WALTER L MCNUTT**

Mailing Address 110 12TH AVE SW

City	State	Zip Code
SIDNEY	MT	59270

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

Transaction ID : SA11AI.72829

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. BETTY MCPHEETERS**

Mailing Address 23998 S MCPHEETERS RD

City	State	Zip Code
GOTHENBURG	NE	69138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2015

Transaction ID : SA11AI.72834

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

550.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 109 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. BETTY MCPHEETERS**

Mailing Address 23998 S MCPHEETERS RD

City	State	Zip Code
GOTHENBURG	NE	69138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2015

Transaction ID : SA11AI.77712

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. MS ALMA MEDSKER**

Mailing Address 2620 CHUCKEY PIKE

City	State	Zip Code
CHUCKEY	TN	37641

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2015

Transaction ID : SA11AI.72856

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. MS ALMA MEDSKER**

Mailing Address 2620 CHUCKEY PIKE

City	State	Zip Code
CHUCKEY	TN	37641

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2015

Transaction ID : SA11AI.72855

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 110 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. BETTY MELVIN**

Mailing Address 100 PINEHURST TRACE DR

City	State	Zip Code
PINEHURST	NC	28374

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

Transaction ID : SA11AI.72867

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. BETTY MELVIN**

Mailing Address 100 PINEHURST TRACE DR

City	State	Zip Code
PINEHURST	NC	28374

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

Transaction ID : SA11AI.72868

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. BETTY MELVIN**

Mailing Address 100 PINEHURST TRACE DR

City	State	Zip Code
PINEHURST	NC	28374

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

Transaction ID : SA11AI.72869

Amount of Each Receipt this Period

-300.00

CHARGEBACK

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 111 OF 234  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. BETTY MELVIN**

Mailing Address 100 PINEHURST TRACE DR

City	State	Zip Code
PINEHURST	NC	28374

FEC ID number of contributing federal political committee.

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2015

Transaction ID : SA11AI.72870

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. BETTY MELVIN**

Mailing Address 100 PINEHURST TRACE DR

City	State	Zip Code
PINEHURST	NC	28374

FEC ID number of contributing federal political committee.

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2015

Transaction ID : SA11AI.72871

Amount of Each Receipt this Period

CHARGEBACK

Full Name (Last, First, Middle Initial)

**C. MRS JEANETTE Y MIHALY**

Mailing Address 142 BETWEEN THE LAKES RD

City	State	Zip Code
SHOHOLA	PA	18458

FEC ID number of contributing federal political committee.

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.80233

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 112 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR RICHARD A MIKULS**

Mailing Address 13605 SHIRLEY ST

City	State	Zip Code
OMAHA	NE	68144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

REAL ESTATE SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : SA11AI.78128

Amount of Each Receipt this Period

106.00

Full Name (Last, First, Middle Initial)

**B. MRS JOAN G MILAM**

Mailing Address 2673 CENTER COURT DR

City	State	Zip Code
WESTON	FL	33332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.80226

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. MR HERMAN MILBREATH**

Mailing Address 60371 APACHE LN

City	State	Zip Code
WASHINGTON	MI	48094

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2015

Transaction ID : SA11AI.72946

Amount of Each Receipt this Period

105.00

SUBTOTAL of Receipts This Page (optional)..... ►

361.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. GERALD MILES**

Mailing Address PO BOX 9297

City	State	Zip Code
SOUTH CHARLESTON	WV	25309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

Transaction ID : SA11AI.72950

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. GERALD MILES**

Mailing Address PO BOX 9297

City	State	Zip Code
SOUTH CHARLESTON	WV	25309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2015

Transaction ID : SA11AI.78507

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR DANIEL S MONACO**

Mailing Address 533 ALLEGHENY AVE

City	State	Zip Code
OAKMONT	PA	15139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

RESTORATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

Transaction ID : SA11AI.73058

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

275.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 114 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR DANIEL S MONACO**

Mailing Address 533 ALLEGHENY AVE

City	State	Zip Code
OAKMONT	PA	15139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

RESTORATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

Transaction ID : SA11AI.77434

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. MR ELMO MOSS**

Mailing Address 5625 COUNTY ROAD 441

City	State	Zip Code
HANNIBAL	MO	63401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

Transaction ID : SA11AI.78792

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MS JOAN W MULLINS**

Mailing Address 588 DURAN ST

City	State	Zip Code
HENDERSON	NV	89015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : SA11AI.80659

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)..... ►

1290.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 115 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS ELAINE T MURHAMMER**

Mailing Address 4112 JEFFERSON HWY APT 320

City	State	Zip Code
JEFFERSON	LA	70121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

Transaction ID : SA11Al.73216

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. MRS ELAINE T MURHAMMER**

Mailing Address 4112 JEFFERSON HWY APT 320

City	State	Zip Code
JEFFERSON	LA	70121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2015

Transaction ID : SA11Al.77333

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. ELVINA MURRAY**

Mailing Address 234 DENNIS HARPER RD

City	State	Zip Code
DOUGLAS	GA	31533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2015

Transaction ID : SA11Al.73239

Amount of Each Receipt this Period

53.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

453.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 116 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. ELVINA MURRAY**

Mailing Address 234 DENNIS HARPER RD

City	State	Zip Code
DOUGLAS	GA	31533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

Transaction ID : SA11AI.73240

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. ELVINA MURRAY**

Mailing Address 234 DENNIS HARPER RD

City	State	Zip Code
DOUGLAS	GA	31533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2015

Transaction ID : SA11AI.79830

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. ELVINA MURRAY**

Mailing Address 234 DENNIS HARPER RD

City	State	Zip Code
DOUGLAS	GA	31533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

Transaction ID : SA11AI.79829

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

130.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 117 OF 234

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. ELVINA MURRAY**

Mailing Address 234 DENNIS HARPER RD

City State Zip Code  
DOUGLAS GA 31533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

06 / 16 / 2015

Transaction ID : SA11AI.81431

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. MR MERRILL MYERS**

Mailing Address 303 TROON VILLAGE LN

City State Zip Code  
CARY NC 27511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

06 / 01 / 2015

Transaction ID : SA11AI.81365

Amount of Each Receipt this Period

159.00

Full Name (Last, First, Middle Initial)

**C. ROBERT MYERS**

Mailing Address 1127 MCDONALD ST

City State Zip Code  
EUREKA CA 95503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 17 / 2015

Transaction ID : SA11AI.73248

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

499.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 118 OF 234  
(check only one)

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. ROBERT MYERS**

Mailing Address 1127 MCDONALD ST

City	State	Zip Code
EUREKA	CA	95503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		1	7		2	0	1	5		

Transaction ID : SA11AI.73252

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MERLA NEEB**

Mailing Address 1690 E M 79 HWY

City	State	Zip Code
HASTINGS	MI	49058

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	5		2	0	1	5		

Transaction ID : SA11AI.81429

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. ZETTA NELSON**

Mailing Address PO BOX 35

City	State	Zip Code
ALVERDA	PA	15710

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	7		2	0	1	5		

Transaction ID : SA11AI.73305

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

155.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR PETER E NEVES**

Mailing Address 23820 GYLE RD

City	State	Zip Code
GERBER	CA	96035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2015

Transaction ID : SA11AI.73321

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. MR PETER E NEVES**

Mailing Address 23820 GYLE RD

City	State	Zip Code
GERBER	CA	96035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.80742

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. MRS LOUISE NEWHOLD**

Mailing Address 3900 MARIS CT

City	State	Zip Code
BAKERSFIELD	CA	93313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.81446

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR STUART NICKERSON**

Mailing Address 2503 HUTCHINSON CT

City

BURLINGTON

State

NC

Zip Code

27215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2015

Transaction ID : SA11AI.73350

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. MR BJORN NIELSEN**

Mailing Address 10001 S OSWEGO ST APT 309

City

PARKER

State

CO

Zip Code

80134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

Transaction ID : SA11AI.78194

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

**C. MR LAURANCE B NILSEN**

Mailing Address 7140 E BRONCO DR

City

PARADISE VALLEY

State

AZ

Zip Code

85253

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2015

Transaction ID : SA11AI.73359

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1055.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS DORIS NORD**

Mailing Address 1525 SONORA CT

City	State	Zip Code
PALM SPRINGS	CA	92264

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

Transaction ID : SA11AI.73382

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MR DAVID NORDLING**

Mailing Address 1117 W ASHBOURNE DR

City	State	Zip Code
EAGLE	ID	83616

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

Transaction ID : SA11AI.79572

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. MR JON NORLING**

Mailing Address 1060 BUTTERCUP PL

City	State	Zip Code
MANTECA	CA	95336

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2015

Transaction ID : SA11AI.73392

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. DONALD NOVEY**

Mailing Address 5163 MANGROVE DR

City  
SAGINAWState  
MIZip Code  
48603FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	5

Transaction ID : SA11AI.79711

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. LELA O'BRYAN**

Mailing Address 100 PARKVIEW LN APT 286

City  
SAVOYState  
ILZip Code  
61874FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	5

Transaction ID : SA11AI.73422

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. MS CONNIE C O'NEIL**

Mailing Address 3214 N 159TH AVE

City  
OMAHAState  
NEZip Code  
68116FEC ID number of contributing  
federal political committee.

C

Name of Employer

EASTER SEAL SOCIETY NEBRASKA

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	1	5

Transaction ID : SA11AI.73443

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

1200.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 123 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS CONNIE C O'NEIL**

Mailing Address 3214 N 159TH AVE

City

OMAHA

State

NE

Zip Code

68116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EASTER SEAL SOCIETY NEBRASKA

Occupation

DIRECTOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		3	0		2	0	1	5		

Transaction ID : SA11AI.73444

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MS APRIL G O'QUINN MD**

Mailing Address 5100 BANCROFT DR

City

NEW ORLEANS

State

LA

Zip Code

70122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		1	6		2	0	1	5		

Transaction ID : SA11AI.73447

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. DONALD OCKER**

Mailing Address 307 TROY DR

City

CORPUS CHRISTI

State

TX

Zip Code

78412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	2		2	0	1	5		

Transaction ID : SA11AI.79840

Amount of Each Receipt this Period

113.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

413.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 OF 234  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. DONALD OCKER**

Mailing Address 307 TROY DR

City State Zip Code  
 CORPUS CHRISTI TX 78412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2015

Transaction ID : SA11Al.81447

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. MR TERRY OHLEMEIER**

Mailing Address 3742 N HARRISON RD

City State Zip Code  
 TUCSON AZ 85749

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DOD

Occupation

TA-OZ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 10 / 2015

Transaction ID : SA11Al.73467

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. HOMER OLSEN**

Mailing Address 616 135TH ST NW

City State Zip Code  
 GIG HARBOR WA 98332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 18 / 2015

Transaction ID : SA11Al.73484

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 125 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS RUTH M OLSON**

Mailing Address 3350 MAPLEWOOD CT S

City	State	Zip Code
FARGO	ND	58104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		06		2015

Transaction ID : SA11AI.76987

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. VIRGINIA LEE OSMUN**

Mailing Address 9966 LOGAN ST

City	State	Zip Code
THORNTON	CO	80229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2015

Transaction ID : SA11AI.73534

Amount of Each Receipt this Period

57.00

Full Name (Last, First, Middle Initial)

**C. MR DALE OYHUS**

Mailing Address 13973 FRANKS CREEK RD

City	State	Zip Code
MEDORA	ND	58645

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2015

Transaction ID : SA11AI.78777

Amount of Each Receipt this Period

130.00

SUBTOTAL of Receipts This Page (optional)..... ►

287.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 126 OF 234  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR JAMES PAISLEY**

Mailing Address 10200 E HARVARD AVE APT 257

City	State	Zip Code
DENVER	CO	80231

FEC ID number of contributing federal political committee.

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2015

Transaction ID : SA11AI.77119

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. MR JAMES PAISLEY**

Mailing Address 10200 E HARVARD AVE APT 257

City	State	Zip Code
DENVER	CO	80231

FEC ID number of contributing federal political committee.

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.80462

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. HOPE S PALMER**

Mailing Address 1414 REED CREEK DR

City	State	Zip Code
DRAPER	VA	24324

FEC ID number of contributing federal political committee.

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2015

Transaction ID : SA11AI.73584

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 127 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. HOPE S PALMER**

Mailing Address 1414 REED CREEK DR

City  
DRAPERState Zip Code  
VA 24324FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

Transaction ID : SA11AI.73587

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. EMMA S PATTIE**

Mailing Address 2404 RAYMOND PL

City  
HAYMARKETState Zip Code  
VA 20169FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Transaction ID : SA11AI.81189

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. NICHOLAS PEAY JR**

Mailing Address 2965 FAIRMOUNT BLVD

City  
CLEVELAND HEIGHTSState Zip Code  
OH 44118FEC ID number of contributing  
federal political committee.

C

Name of Employer

ENTREPRENEUR

Occupation

ENTREPRENEUR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.80267

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

500.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 128 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR PAUL PEELER**

Mailing Address 11649 LEOPARD ST STE 3

City	State	Zip Code
CRP CHRISTI	TX	78410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

Transaction ID : SA11AI.78134

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. ELLIS PENNINGTON**

Mailing Address 1665 SHERMAN MOUNT ZION RD

City	State	Zip Code
DRY RIDGE	KY	41035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : SA11AI.78277

Amount of Each Receipt this Period

140.00

Full Name (Last, First, Middle Initial)

**C. MS VIRGINIA PETERSON**

Mailing Address 1010 S 7TH ST

City	State	Zip Code
EL CENTRO	CA	92243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2015

Transaction ID : SA11AI.73735

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

590.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 OF 234  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS VIRGINIA PETERSON**

Mailing Address 1010 S 7TH ST

City State Zip Code  
EL CENTRO CA 92243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 30 / 2015

Transaction ID : SA11AI.73737

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR GERALD PHELPS**

Mailing Address 253 BABBITT RD

City State Zip Code  
BEDFORD HILLS NY 10507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

G. PHELPS WELDING, INC.

Occupation

WELDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 03 / 2015

Transaction ID : SA11AI.73755

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**C. MR GERALD PHELPS**

Mailing Address 253 BABBITT RD

City State Zip Code  
BEDFORD HILLS NY 10507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

G. PHELPS WELDING, INC.

Occupation

WELDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 26 / 2015

Transaction ID : SA11AI.73754

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

270.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 130 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR GERALD PHELPS**

Mailing Address 253 BABBITT RD

City	State	Zip Code
BEDFORD HILLS	NY	10507

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 G. PHELPS WELDING, INC.

 Occupation  
 WELDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

Transaction ID : SA11Al.80754

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**B. JOHN T PIERSON JR**

Mailing Address 2801 W 63RD ST

City	State	Zip Code
MISSION HILLS	KS	66208

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 PRECO INC.

 Occupation  
 MFG EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

Transaction ID : SA11Al.73783

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. MRS KAY POITRAS**

Mailing Address 949 HAMILTON CIR

City	State	Zip Code
HAINES CITY	FL	33844

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 RETIRED

 Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	06	/	2015

Transaction ID : SA11Al.73838

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

670.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 131 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR DICK POLLARD**

Mailing Address PO BOX 1978

City

LUBBOCK

State

TX

Zip Code

79408

FEC ID number of contributing federal political committee.

C

Name of Employer

POLLARD FRIENDLY FORD

Occupation

AUTO DEALER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	1	5

Transaction ID : SA11AI.73850

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. MR JAMES L POWELL**

Mailing Address 1311 S MADISON ST

City

SAN ANGELO

State

TX

Zip Code

76901

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

RANCHER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	5

Transaction ID : SA11AI.73894

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. MR GARY PRITCHARD**

Mailing Address 5746 HALSEY AVE

City

TWENTYNIN PLM

State

CA

Zip Code

92277

FEC ID number of contributing federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	5

Transaction ID : SA11AI.79719

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 132 OF 234

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS CLAIRE RAINS**

Mailing Address 420 41ST AVE

City

SAN FRANCISCO

State

CA

Zip Code

94121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : SA11AI.74002

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**B. MS CLAIRE RAINS**

Mailing Address 420 41ST AVE

City

SAN FRANCISCO

State

CA

Zip Code

94121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2015

Transaction ID : SA11AI.79039

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**C. MR FRANK P RAYMONDO**

Mailing Address 1806 SCENIC DR

City

ALAMOGORDO

State

NM

Zip Code

88310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2015

Transaction ID : SA11AI.79880

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

## **A. MRS MARY REED**

Mailing Address 1640 MONROVIA AVE

City State Zip Code  
 COSTA MESA CA 92627

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 26 / 2015

Transaction ID : SA11AI.78901

Amount of Each Receipt this Period

53.00

Full Name (Last, First, Middle Initial)

## **B. MRS MARY REED**

Mailing Address 1640 MONROVIA AVE

City State Zip Code  
 COSTA MESA CA 92627

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2015

Transaction ID : SA11AI.80476

Amount of Each Receipt this Period

53.00

Full Name (Last, First, Middle Initial)

## **C. GLENN REINDERS**

Mailing Address 3479 SHERMAN RD

City State Zip Code  
 JACKSON WI 53037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2015

Transaction ID : SA11AI.79693

Amount of Each Receipt this Period

102.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

208.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 134 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR SAMUEL G RICE**

Mailing Address 515 S 2ND ST

City	State	Zip Code
KING CITY	CA	93930

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2015

Transaction ID : SA11Al.74151

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**B. MR SAMUEL G RICE**

Mailing Address 515 S 2ND ST

City	State	Zip Code
KING CITY	CA	93930

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2015

Transaction ID : SA11Al.77173

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MS MARY RUTH RICHTER**

Mailing Address 22488 KARNAK RD

City	State	Zip Code
KNIGHTS LANDING	CA	95645

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	03	/	2015

Transaction ID : SA11Al.77708

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

270.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. CHARLES RIGGS**

Mailing Address 15 THOMAS POINTE DR

City

FORT THOMAS

State

KY

Zip Code

41075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	1	5

Transaction ID : SA11Al.74211

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. CHARLES RIGGS**

Mailing Address 15 THOMAS POINTE DR

City

FORT THOMAS

State

KY

Zip Code

41075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	5

Transaction ID : SA11Al.78121

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. MR RICHARD RITER**

Mailing Address PO BOX 347

City

NEW ELLENTON

State

SC

Zip Code

29809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	1	5

Transaction ID : SA11Al.74234

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

600.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 136 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR RICHARD RITER**

Mailing Address PO BOX 347

City	State	Zip Code
NEW ELLENTON	SC	29809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2015

Transaction ID : SA11AI.74235

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**B. MR RICHARD RITER**

Mailing Address PO BOX 347

City	State	Zip Code
NEW ELLENTON	SC	29809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2015

Transaction ID : SA11AI.74236

Amount of Each Receipt this Period

450.00

Full Name (Last, First, Middle Initial)

**C. MR RICHARD RITER**

Mailing Address PO BOX 347

City	State	Zip Code
NEW ELLENTON	SC	29809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.81448

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1350.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 137 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. LTC STOYELL M ROBBINS**

Mailing Address 79 MURCOTT DR

City	State	Zip Code
WINTER HAVEN	FL	33884

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	16	/	2015

Transaction ID : SA11AI.81202

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MR JACK F ROHDE**

Mailing Address 9059 E KEMPER RD

City	State	Zip Code
CINCINNATI	OH	45249

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	09	/	2015

Transaction ID : SA11AI.74329

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. KENNETH L ROLFE**

Mailing Address 301 SE FOUNDATION DR

City	State	Zip Code
DALLAS	OR	97338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	29	/	2015

Transaction ID : SA11AI.74332

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

485.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 138 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. KENNETH L ROLFE**

Mailing Address 301 SE FOUNDATION DR

City	State	Zip Code
DALLAS	OR	97338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2015

Transaction ID : SA11AI.74333

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. KENNETH L ROLFE**

Mailing Address 301 SE FOUNDATION DR

City	State	Zip Code
DALLAS	OR	97338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

Transaction ID : SA11AI.74335

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. KENNETH L ROLFE**

Mailing Address 301 SE FOUNDATION DR

City	State	Zip Code
DALLAS	OR	97338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

Transaction ID : SA11AI.74334

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

800.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 139 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. KENNETH L ROLFE**

Mailing Address 301 SE FOUNDATION DR

City	State	Zip Code
DALLAS	OR	97338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

Transaction ID : SA11AI.81248

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MRS PAMELA ROOK**

Mailing Address 1036 SW FLEMING CT APT 201

City	State	Zip Code
TOPEKA	KS	66604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	16	/	2015

Transaction ID : SA11AI.78216

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MR DAVID ROSSING**

Mailing Address PO BOX 267

City	State	Zip Code
ARGYLE	WI	53504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2015

Transaction ID : SA11AI.80745

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

390.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR RICHARD G ROSSMAN**

Mailing Address PO BOX 582

City

OLATHE

State

KS

Zip Code

66051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CRAWFORD SALES COMPANY

Occupation

ENTREPRENEUR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

Transaction ID : SA11AI.74394

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. MR RICHARD G ROSSMAN**

Mailing Address PO BOX 582

City

OLATHE

State

KS

Zip Code

66051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CRAWFORD SALES COMPANY

Occupation

ENTREPRENEUR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2015

Transaction ID : SA11AI.74393

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. MR RICHARD G ROSSMAN**

Mailing Address PO BOX 582

City

OLATHE

State

KS

Zip Code

66051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CRAWFORD SALES COMPANY

Occupation

ENTREPRENEUR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2015

Transaction ID : SA11AI.77019

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 141 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR RICHARD G ROSSMAN**

Mailing Address PO BOX 582

City

OLATHE

State

KS

Zip Code

66051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CRAWFORD SALES COMPANY

Occupation

ENTREPRENEUR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2015

**Transaction ID : SA11AI.78805**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MRS MARY RUEGGER**

Mailing Address 398 W RUTHERFORD ROAD

City

BRAWLEY

State

CA

Zip Code

92227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2015

**Transaction ID : SA11AI.74429**

Amount of Each Receipt this Period

201.00

Full Name (Last, First, Middle Initial)

**C. MRS MARY RUEGGER**

Mailing Address 398 W RUTHERFORD ROAD

City

BRAWLEY

State

CA

Zip Code

92227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2015

**Transaction ID : SA11AI.74430**

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

451.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 142 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS M O RUEGGER**

Mailing Address 398 W RUTHERFORD RD

City	State	Zip Code
BRAWLEY	CA	92227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : SA11AI.81504

Amount of Each Receipt this Period

402.00

Full Name (Last, First, Middle Initial)

**B. MRS GRETCHEN RUNGE**

Mailing Address 4100 JACKSON AVE APT 406

City	State	Zip Code
AUSTIN	TX	78731

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2015

Transaction ID : SA11AI.74441

Amount of Each Receipt this Period

106.00

Full Name (Last, First, Middle Initial)

**C. MR. ROBERT W. RUST**

Mailing Address 1430 S DIXIE HWY STE 315

City	State	Zip Code
CORAL GABLES	FL	33146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2015

Transaction ID : SA11AI.77969

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

5508.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR. ROBERT W. RUST**

Mailing Address 1430 S DIXIE HWY STE 315

City State Zip Code  
 CORAL GABLES FL 33146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 07 / 2015

Transaction ID : SA11AI.80075

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. MR WILLIAM H RUTLEDGE JR**

Mailing Address 5109 MADISON CREEK DR

City State Zip Code  
 FORT COLLINS CO 80528

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 24 / 2015

Transaction ID : SA11AI.74478

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MR WILLIAM A RYAN**

Mailing Address 2322 EASTWOOD AVE UNIT 108

City State Zip Code  
 STREATOR IL 61364

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 03 / 2015

Transaction ID : SA11AI.74480

Amount of Each Receipt this Period

140.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1390.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR WILLIAM A RYAN**

Mailing Address 2322 EASTWOOD AVE UNIT 108

City State Zip Code  
 STREATOR IL 61364

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 09 / 2015

Transaction ID : SA11AI.74481

Amount of Each Receipt this Period

-140.00

CHARGEBACK

Full Name (Last, First, Middle Initial)

**B. MRS STANLEY SAIZ**

Mailing Address 3720 N LINCOLN TRL

City State Zip Code  
 PLEASANT PLAINS IL 62677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 30 / 2015

Transaction ID : SA11AI.74496

Amount of Each Receipt this Period

180.00

Full Name (Last, First, Middle Initial)

**C. MRS STANLEY SAIZ**

Mailing Address 3720 N LINCOLN TRL

City State Zip Code  
 PLEASANT PLAINS IL 62677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 04 / 27 / 2015

Transaction ID : SA11AI.78244

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

190.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 145 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS STANLEY SAIZ**

Mailing Address 3720 N LINCOLN TRL

City	State	Zip Code
PLEASANT PLAINS	IL	62677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	26	/	2015

Transaction ID : SA11Al.79867

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MRS STANLEY SAIZ**

Mailing Address 3720 N LINCOLN TRL

City	State	Zip Code
PLEASANT PLAINS	IL	62677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11Al.81468

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR ROGER L SCHALLER**

Mailing Address 8210 LAKESHORE RD

City	State	Zip Code
BURTCHVILLE	MI	48059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCHALLER TOOL &amp; DIE CO

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	14	/	2015

Transaction ID : SA11Al.76943

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

350.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR CHRISTOPHER SCHIESS**

Mailing Address 27846 GREEN OAKS DR

City  
EUGENE

State Zip Code  
OR 97402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 05 / 2015

Transaction ID : SA11AI.80523

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. MISS DORIS B SCHLEHOFER**

Mailing Address 19 A CENTRE PIKE

City  
EASTFORD

State Zip Code  
CT 06242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

02 / 24 / 2015

Transaction ID : SA11AI.74602

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**C. MISS DORIS B SCHLEHOFER**

Mailing Address 19 A CENTRE PIKE

City  
EASTFORD

State Zip Code  
CT 06242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

03 / 16 / 2015

Transaction ID : SA11AI.74603

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

480.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 147 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. FRANCES SCHMIDT**

Mailing Address 1417 WILLOW RD

City	State	Zip Code
NEWTON	KS	67114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	03	/	2015

**Transaction ID : SA11AI.74618**

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**B. FRANCES SCHMIDT**

Mailing Address 1417 WILLOW RD

City	State	Zip Code
NEWTON	KS	67114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	30	/	2015

**Transaction ID : SA11AI.74617**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. FRANCES SCHMIDT**

Mailing Address 1417 WILLOW RD

City	State	Zip Code
NEWTON	KS	67114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	27	/	2015

**Transaction ID : SA11AI.77833**

Amount of Each Receipt this Period

120.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

270.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 148 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR WALTER SCHOONMAKER**

Mailing Address 64 POE ST

City  
HARTSDALEState Zip Code  
NY 10530FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : SA11AI.74644

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

**B. LILLIAN SCHREINER**

Mailing Address 899 ANDERSON TER

City  
DES PLAINESState Zip Code  
IL 60016FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	26	/	2015

Transaction ID : SA11AI.79592

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. LILLIAN SCHREINER**

Mailing Address 899 ANDERSON TER

City  
DES PLAINESState Zip Code  
IL 60016FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.81166

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

275.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS CHARLOTTE A SCIOLA**

Mailing Address 14 KIMBALL AVE

City  
WENHAMState  
MAZip Code  
01984FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	5

Transaction ID : SA11AI.77684

Amount of Each Receipt this Period

550.00

Full Name (Last, First, Middle Initial)

**B. JOHN SHAW**

Mailing Address 142 W 720TH AVE

City

FORT SCOTT

State

KS

Zip Code

66701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	1	5

Transaction ID : SA11AI.74790

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. JOHN SHAW**

Mailing Address 142 W 720TH AVE

City

FORT SCOTT

State

KS

Zip Code

66701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	5

Transaction ID : SA11AI.74789

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 150 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. JOHN SHAW**

Mailing Address 142 W 720TH AVE

City	State	Zip Code
FORT SCOTT	KS	66701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2015

Transaction ID : SA11AI.79296

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. MR STUART P SHERMAN**

Mailing Address 3 SUTHERLAND CT

City	State	Zip Code
PALM BEACH GARDENS	FL	33418

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2015

Transaction ID : SA11AI.74819

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. MR RICHARD D SHIRK**

Mailing Address 1180 BROOKGATE WAY NE

City	State	Zip Code
ATLANTA	GA	30319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BLUE CROSS/BLUE SHIELD

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2015

Transaction ID : SA11AI.74831

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

725.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 OF 234  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. BONNIE L SHOBERT**

Mailing Address 9001 SLAUGHTERVILLE RD

City State Zip Code  
 LEXINGTON OK 73051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2015

Transaction ID : SA11AI.80020

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. MR HERBERT SIEGEL**

Mailing Address 190 E 72ND ST

City State Zip Code  
 NEW YORK NY 10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 02 / 2015

Transaction ID : SA11AI.74866

Amount of Each Receipt this Period

15000.00

Full Name (Last, First, Middle Initial)

**C. MR HERBERT SIEGEL**

Mailing Address 190 E 72ND ST

City State Zip Code  
 NEW YORK NY 10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2015

Transaction ID : SA11AI.80120

Amount of Each Receipt this Period

15000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 OF 234  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR JACKIE SIKES**

Mailing Address 420 S BANANA RIVER BLVD

City State Zip Code  
COCOA BEACH FL 32931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 17 2015

Transaction ID : SA11AI.74882

Amount of Each Receipt this Period

180.00

Full Name (Last, First, Middle Initial)

**B. MR JACKIE SIKES**

Mailing Address 420 S BANANA RIVER BLVD

City State Zip Code  
COCOA BEACH FL 32931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 09 2015

Transaction ID : SA11AI.74884

Amount of Each Receipt this Period

180.00

Full Name (Last, First, Middle Initial)

**C. MR JACKIE SIKES**

Mailing Address 420 S BANANA RIVER BLVD

City State Zip Code  
COCOA BEACH FL 32931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 27 2015

Transaction ID : SA11AI.74885

Amount of Each Receipt this Period

180.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

540.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 153 OF 234

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR JACKIE SIKES**

Mailing Address 420 S BANANA RIVER BLVD

City State Zip Code  
COCOA BEACH FL 32931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 27 / 2015

Transaction ID : SA11AI.77838

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B. MR JACKIE SIKES**

Mailing Address 420 S BANANA RIVER BLVD

City State Zip Code  
COCOA BEACH FL 32931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

980.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2015

Transaction ID : SA11AI.79510

Amount of Each Receipt this Period

180.00

Full Name (Last, First, Middle Initial)

**C. MR JACKIE SIKES**

Mailing Address 420 S BANANA RIVER BLVD

City State Zip Code  
COCOA BEACH FL 32931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1160.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2015

Transaction ID : SA11AI.81083

Amount of Each Receipt this Period

180.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

440.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR JOHN H SIKES**

Mailing Address 1419 N RAYNOR AVE

City  
JOLIET

State Zip Code  
IL 60435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

Transaction ID : SA11AI.80361

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MR EDWARD SIPPEL**

Mailing Address 7 HOLLYTREE LN

City  
GLEN COVE

State Zip Code  
NY 11542

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EDWARD EGS & ASSOCIATES

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 17 / 2015

Transaction ID : SA11AI.74916

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

**C. MR EDWARD SIPPEL**

Mailing Address 7 HOLLYTREE LN

City  
GLEN COVE

State Zip Code  
NY 11542

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EDWARD EGS & ASSOCIATES

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 08 / 2015

Transaction ID : SA11AI.80695

Amount of Each Receipt this Period

210.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

455.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 155 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR ELMER W SKOLNIK**

Mailing Address 4909 LANCASTER HILLS DR APT 281

City	State	Zip Code
CLARKSTON	MI	48346

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2015

Transaction ID : SA11AI.74940

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. CARROL A SMITH**

Mailing Address 2114 BRADLEY POND RD

City	State	Zip Code
ELLENBURG CENTER	NY	12934

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2015

Transaction ID : SA11AI.76732

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. MR DAVID SMITH**

Mailing Address 2512 FAIRMONT AVE

City	State	Zip Code
DAYTON	OH	45419

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	26	/	2015

Transaction ID : SA11AI.78726

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1400.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 156 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS ELENOR SMITH**

Mailing Address 100 BREEZY HILL RD

City  
COLLINSVILLEState Zip Code  
CT 06019FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2015

Transaction ID : SA11AI.79479

Amount of Each Receipt this Period

251.00

Full Name (Last, First, Middle Initial)

**B. JACK SMITH**

Mailing Address 177 BOUNDARY LN

City  
OTTERVILLEState Zip Code  
MO 65348FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2015

Transaction ID : SA11AI.75062

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. MRS JEANNE SMITH**

Mailing Address 1240 BRICKLEY RD

City  
EUGENEState Zip Code  
OR 97401FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		16		2015

Transaction ID : SA11AI.75048

Amount of Each Receipt this Period

120.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

446.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS JEANNE SMITH**

Mailing Address 1240 BRICKLEY RD

City  
EUGENEState Zip Code  
OR 97401FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

Transaction ID : SA11AI.75047

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MRS JEANNE SMITH**

Mailing Address 1240 BRICKLEY RD

City  
EUGENEState Zip Code  
OR 97401FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : SA11AI.77803

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. MR ROBERT L SMITH**

Mailing Address 11 NORMAN RD

City  
BINGHAMTONState Zip Code  
NY 13901FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	26	/	2015

Transaction ID : SA11AI.78611

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

135.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 OF 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS PATRICIA SNYDER**

Mailing Address 225 VALLEJO CT

City State Zip Code  
MILLBRAE CA 94030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2015

Transaction ID : SA11AI.75076

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. MS PATRICIA SNYDER**

Mailing Address 225 VALLEJO CT

City State Zip Code  
MILLBRAE CA 94030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2015

Transaction ID : SA11AI.79007

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MS PATRICIA SNYDER**

Mailing Address 225 VALLEJO CT

City State Zip Code  
MILLBRAE CA 94030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2015

Transaction ID : SA11AI.80566

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 159 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR DUANE SOMMERS**

Mailing Address 6815 N A ST

City  
SPOKANEState  
WAZip Code  
99208FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	21	/	2015

Transaction ID : SA11AI.78976

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

**B. MS MARIAN SORENSEN**

Mailing Address 201 S BROAD ST APT 28

City

JERSEY SHORE

State

PA

Zip Code

17740

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	12	/	2015

Transaction ID : SA11AI.75097

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. MS MARIAN SORENSEN**

Mailing Address 201 S BROAD ST APT 28

City

JERSEY SHORE

State

PA

Zip Code

17740

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	08	/	2015

Transaction ID : SA11AI.78469

Amount of Each Receipt this Period

113.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

523.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR SHELDON SPENCER**

Mailing Address 927 E 9TH AVE APT B

City

GASTONIA

State

NC

Zip Code

28054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		1	6		2	0	1	5		

Transaction ID : SA11AI.75134

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. MR SHELDON SPENCER**

Mailing Address 927 E 9TH AVE APT B

City

GASTONIA

State

NC

Zip Code

28054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		1	0		2	0	1	5		

Transaction ID : SA11AI.77885

Amount of Each Receipt this Period

113.00

Full Name (Last, First, Middle Initial)

**C. MRS AVIS D SPIES**

Mailing Address 60 HEYBURN RD

City

CHADDS FORD

State

PA

Zip Code

19317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	6		2	0	1	5		

Transaction ID : SA11AI.79654

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

413.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 161 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR NEIL E STACY**

Mailing Address 7029 BRANDYWINE DR

City	State	Zip Code
DERBY	NY	14047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	26	/	2015

Transaction ID : SA11AI.80007

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. ROBERT G STEINER**

Mailing Address 600 W BROADWAY STE 2600

City	State	Zip Code
SAN DIEGO	CA	92101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LUCE, FORWARD, HAMILTON &amp; SCRIPPS

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

Transaction ID : SA11AI.75206

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. ROBERT G STEINER**

Mailing Address 600 W BROADWAY STE 2600

City	State	Zip Code
SAN DIEGO	CA	92101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LUCE, FORWARD, HAMILTON &amp; SCRIPPS

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2015

Transaction ID : SA11AI.75207

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

600.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. ROBERT G STEINER**

Mailing Address 600 W BROADWAY STE 2600

City State Zip Code  
 SAN DIEGO CA 92101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 LUCE, FORWARD, HAMILTON & SCRIPPS

Occupation  
 ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : SA11AI.75208**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. ROBERT G STEINER**

Mailing Address 600 W BROADWAY STE 2600

City State Zip Code  
 SAN DIEGO CA 92101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 LUCE, FORWARD, HAMILTON & SCRIPPS

Occupation  
 ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 04 / 2015

**Transaction ID : SA11AI.79811**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. ROBERT G STEINER**

Mailing Address 600 W BROADWAY STE 2600

City State Zip Code  
 SAN DIEGO CA 92101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 LUCE, FORWARD, HAMILTON & SCRIPPS

Occupation  
 ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2015

**Transaction ID : SA11AI.79812**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

135.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 163 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR DON STOKER**

Mailing Address 2470 S FAIRPLAY ST

City	State	Zip Code
AURORA	CO	80014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

Transaction ID : SA11AI.75272

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. DAVID E STOKES**

Mailing Address 4502 BRIAR HL W

City	State	Zip Code
LAFAYETTE HILL	PA	19444

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STOKES ASSOCIATES

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

Transaction ID : SA11AI.75273

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. MR CHARLES J STRESSLER**

Mailing Address 1045 DELAWARE AVE

City	State	Zip Code
ISLAND PARK	NY	11558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

Transaction ID : SA11AI.77405

Amount of Each Receipt this Period

65.00

SUBTOTAL of Receipts This Page (optional)..... ►

615.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 164 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS MARY N STULTZ**

Mailing Address 262 DEERFIELD CIR

City	State	Zip Code
KINGWOOD	WV	26537

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2015

Transaction ID : SA11AI.75352

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MRS MARY N STULTZ**

Mailing Address 262 DEERFIELD CIR

City	State	Zip Code
KINGWOOD	WV	26537

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

Transaction ID : SA11AI.75351

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. MRS MARY N STULTZ**

Mailing Address 262 DEERFIELD CIR

City	State	Zip Code
KINGWOOD	WV	26537

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

Transaction ID : SA11AI.76850

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 165 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR DAVID STUMBAUGH**

Mailing Address 7623 HAYFIELD RD

City	State	Zip Code
ALEXANDRIA	VA	22315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

Transaction ID : SA11AI.77499

Amount of Each Receipt this Period

53.00

Full Name (Last, First, Middle Initial)

**B. MRS RUTH L SULLIVAN**

Mailing Address 1851 NE 108TH AVE

City	State	Zip Code
PORTLAND	OR	97220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : SA11AI.77578

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**C. MR DONALD KEARN SURGEON**

Mailing Address PO BOX 363

City	State	Zip Code
JERSEYVILLE	IL	62052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.80597

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

378.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS LEONE SUTHERLAND**

Mailing Address 5109 MUELLER RD

City  
MARIPOSA

State Zip Code  
CA 95338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

Transaction ID : SA11AI.80807

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. MR GLEN SUTTON**

Mailing Address N80W15385 VALLEY VIEW DR

City  
MENOMONEE FALLS

State Zip Code  
WI 53051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 02 / 2015

Transaction ID : SA11AI.75397

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**C. FRANK SWEENEY**

Mailing Address 6 CRESTVIEW TER

City  
MORRISTOWN

State Zip Code  
NJ 07960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOWIE & SWEENEY LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 03 / 2015

Transaction ID : SA11AI.75409

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

575.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 167 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. FRANK SWEENEY**

Mailing Address 6 CRESTVIEW TER

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing federal political committee.

C

Name of Employer

HOWIE &amp; SWEENEY LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		3	0		2	0	1	5		

Transaction ID : SA11AI.75408

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. FRANK SWEENEY**

Mailing Address 6 CRESTVIEW TER

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing federal political committee.

C

Name of Employer

HOWIE &amp; SWEENEY LLP

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	6		2	0	1	5		

Transaction ID : SA11AI.79951

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR STEVE S SZABO**

Mailing Address 105 KIRKWOOD DR

City

OSHKOSH

State

WI

Zip Code

54904

FEC ID number of contributing federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	7		2	0	1	5		

Transaction ID : SA11AI.75426

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

310.00

**TOTAL** This Period (last page this line number only)..... ►





**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS HELEN TIERNAN**

Mailing Address 15735 DAWN CRST

City

SAN ANTONIO

State

TX

Zip Code

78248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2015

Transaction ID : SA11AI.78077

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. MS HELEN TIERNAN**

Mailing Address 15735 DAWN CRST

City

SAN ANTONIO

State

TX

Zip Code

78248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

Transaction ID : SA11AI.81337

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. SHIRLEY TLUCHAK**

Mailing Address 952 SHILLELAGH RD

City

CHESAPEAKE

State

VA

Zip Code

23323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

233.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

Transaction ID : SA11AI.79993

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

2035.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 170 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR GORDON TOBIAS**

Mailing Address 12526 PRIMA VISTA DR

City  
SAN ANTONIOState Zip Code  
TX 78233FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2015

Transaction ID : SA11AI.75633

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. MR ROBERT Y TOKUNAGA**

Mailing Address 401 FOXTRACE LN

City  
HUBERTState Zip Code  
NC 28539FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

Transaction ID : SA11AI.75662

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. MR ROBERT Y TOKUNAGA**

Mailing Address 401 FOXTRACE LN

City  
HUBERTState Zip Code  
NC 28539FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

Transaction ID : SA11AI.75661

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 171 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. JANE TULLY**

Mailing Address 10 BIG BLUE DR

City	State	Zip Code
MILTON	MA	02186

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2015

Transaction ID : SA11Al.78211

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. MS NANCY D TURNER**

Mailing Address 5709 W ROYAL PALM RD

City	State	Zip Code
GLENDALE	AZ	85302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

Transaction ID : SA11Al.75758

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. MR CHESTER E TUSSEY**

Mailing Address 5724 DOLPHIN PL

City	State	Zip Code
LA JOLLA	CA	92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

Transaction ID : SA11Al.75764

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

575.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 172 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR CHESTER E TUSSEY**

Mailing Address 5724 DOLPHIN PL

City  
LA JOLLAState  
CAZip Code  
92037FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2015

Transaction ID : SA11AI.79696

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MS GLORIA M TYLER-STEVENSON**

Mailing Address 3091 HIGHLANDS BRIDGE RD

City  
SARASOTAState  
FLZip Code  
34235FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2015

Transaction ID : SA11AI.75785

Amount of Each Receipt this Period

338.00

Full Name (Last, First, Middle Initial)

**C. MS GLORIA M TYLER-STEVENSON**

Mailing Address 3091 HIGHLANDS BRIDGE RD

City  
SARASOTAState  
FLZip Code  
34235FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2015

Transaction ID : SA11AI.75784

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

663.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS DIANA UMILE**

Mailing Address 348 N FOUNDERS CT

City  
WARRINGTONState Zip Code  
PA 18976FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

Transaction ID : SA11AI.75801

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. MS LOUISE UNGER**

Mailing Address 67 PURDY LN

City  
AMITYVILLEState Zip Code  
NY 11701FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2015

Transaction ID : SA11AI.75804

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. MS LOUISE UNGER**

Mailing Address 67 PURDY LN

City  
AMITYVILLEState Zip Code  
NY 11701FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2015

Transaction ID : SA11AI.80868

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 OF 234  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR CALVIN K UPP**

Mailing Address 212 N ELM ST

City  
WELLINGTON

State Zip Code  
KS 67152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2015

Transaction ID : SA11AI.80386

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MR BERNARD F VAN DINTER**

Mailing Address 8081 FIELDING LN

City  
GREENDALE

State Zip Code  
WI 53129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 21 / 2015

Transaction ID : SA11AI.75829

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**C. MR BERNARD F VAN DINTER**

Mailing Address 8081 FIELDING LN

City  
GREENDALE

State Zip Code  
WI 53129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 02 / 2015

Transaction ID : SA11AI.75830

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

360.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS ELIZABETH R WADE**

Mailing Address 5364 CALLE REAL APT D

City State Zip Code  
 SANTA BARBARA CA 93111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

Transaction ID : SA11AI.75980

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MRS JERRI WALLACE**

Mailing Address 109 GLENROSE LN

City State Zip Code  
 CARY NC 27518

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2015

Transaction ID : SA11AI.79110

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. JOAN WALLACE**

Mailing Address 2232 N BEGLIS PKWY

City State Zip Code  
 SULPHUR LA 70663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 03 / 2015

Transaction ID : SA11AI.76032

Amount of Each Receipt this Period

120.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

245.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 176 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. JOAN WALLACE**

Mailing Address 2232 N BEGLIS PKWY

City  
SULPHURState Zip Code  
LA 70663FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	28	/	2015

Transaction ID : SA11AI.77037

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. NEALY WALLICK**

Mailing Address 117 BISHOP ST

City  
COLCHESTERState Zip Code  
IL 62326FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.81042

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. RICHARD H WATERMAN**

Mailing Address 7841 WELLPINIT ST

City  
FORDState Zip Code  
WA 99013FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	27	/	2015

Transaction ID : SA11AI.77448

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

185.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 177 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. RICHARD H WATERMAN**

Mailing Address 7841 WELLPINIT ST

City	State	Zip Code
FORD	WA	99013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

Transaction ID : SA11AI.79172

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. RICHARD H WATERMAN**

Mailing Address 7841 WELLPINIT ST

City	State	Zip Code
FORD	WA	99013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	09	/	2015

Transaction ID : SA11AI.80751

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MRS ANNIE WEEKS**

Mailing Address 3411 ROCK LN

City	State	Zip Code
IRONDALE	AL	35210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2015

Transaction ID : SA11AI.80731

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 178 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR DAN WELLEHAN**

Mailing Address 104 CURTIS RD

City  
YARMOUTHState Zip Code  
ME 04096FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

Transaction ID : SA11Al.77458

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MR CHARLES P WENNERMARK**

Mailing Address PO BOX 2680

City  
LYONSState Zip Code  
CO 80540FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	26	/	2015

Transaction ID : SA11Al.79075

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. DR FLOYD L WERGELAND JR**

Mailing Address 3425 MALPAZO CT

City  
BONITAState Zip Code  
CA 91902FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

Transaction ID : SA11Al.76196

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

700.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 179 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. DR FLOYD L WERGELAND JR**

Mailing Address 3425 MALPAZO CT

City

BONITA

State

CA

Zip Code

91902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2015

Transaction ID : SA11AI.78894

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. FRANCES P WETCH**

Mailing Address 7313 WILLOW ST

City

SEBASTOPOL

State

CA

Zip Code

95472

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

Transaction ID : SA11AI.76223

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. FRANCES P WETCH**

Mailing Address 7313 WILLOW ST

City

SEBASTOPOL

State

CA

Zip Code

95472

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : SA11AI.76225

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 180 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. ROSEMARY K WHITAKER**

Mailing Address 4800 FOLKER ST

City	State	Zip Code
ANCHORAGE	AK	99507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

Transaction ID : SA11AI.76240

Amount of Each Receipt this Period

108.00

Full Name (Last, First, Middle Initial)

**B. ROSEMARY K WHITAKER**

Mailing Address 4800 FOLKER ST

City	State	Zip Code
ANCHORAGE	AK	99507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	26	/	2015

Transaction ID : SA11AI.79784

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MR ROBERT D WHITE**

Mailing Address 55 DINSMORE AVE APT 608

City	State	Zip Code
FRAMINGHAM	MA	01702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2015

Transaction ID : SA11AI.76261

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

258.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 181 OF 234  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR ROBERT D WHITE**

Mailing Address 55 DINSMORE AVE APT 608

City	State	Zip Code
FRAMINGHAM	MA	01702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2015

Transaction ID : SA11Al.77787

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR SAMUEL WIEGAND**

Mailing Address 6584 CHAMPETRE CT

City	State	Zip Code
RENO	NV	89511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

Transaction ID : SA11Al.76734

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MS RUTH WIEGMAN**

Mailing Address PO BOX 43

City	State	Zip Code
CHATFIELD	OH	44825

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2015

Transaction ID : SA11Al.76284

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 182 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS RUTH WIEGMAN**

Mailing Address PO BOX 43

City

CHATFIELD

State

OH

Zip Code

44825

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		2	7		2	0	1	5		

**Transaction ID : SA11AI.76283**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. MS RUTH WIEGMAN**

Mailing Address PO BOX 43

City

CHATFIELD

State

OH

Zip Code

44825

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	1		2	0	1	5		

**Transaction ID : SA11AI.81331**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. MR HOWARD WILKINSON JR**

Mailing Address 1108 JO CARR DR

City

CHESTERFIELD

State

MO

Zip Code

63017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		1	6		2	0	1	5		

**Transaction ID : SA11AI.76314**

Amount of Each Receipt this Period

113.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

158.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 183 OF 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR HOWARD WILKINSON JR**

Mailing Address 1108 JO CARR DR

City State Zip Code  
CHESTERFIELD MO 63017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2015

Transaction ID : SA11AI.77275

Amount of Each Receipt this Period

113.00

Full Name (Last, First, Middle Initial)

**B. MRS MAUDE WILLBERN**

Mailing Address PO BOX 86

City State Zip Code  
BISHOP TX 78343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 03 / 2015

Transaction ID : SA11AI.76323

Amount of Each Receipt this Period

1750.00

Full Name (Last, First, Middle Initial)

**C. MR GERALD I WILLIAMS**

Mailing Address 1107 CANNON VALLEY DR

City State Zip Code  
NORTHFIELD MN 55057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 01 / 2015

Transaction ID : SA11AI.80628

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1963.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 OF 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR WALTER WILLIAMS**

Mailing Address 1100 SW SHORELINE DR APT 325

City State Zip Code  
PALM CITY FL 34990

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

03 / 10 / 2015

Transaction ID : SA11Al.76340

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

**B. MRS ROSALIE J WILLIAMSON**

Mailing Address 6450 36TH LN

City State Zip Code  
VERO BEACH FL 32966

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 02 / 2015

Transaction ID : SA11Al.76359

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. JAMES EDWARD WILSON**

Mailing Address 203 2ND AVE

City State Zip Code  
SANTA CRUZ CA 95062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 09 / 2015

Transaction ID : SA11Al.76396

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1150.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 OF 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS FLORENCE WINDHORS**

Mailing Address 409 WILLOWS LN

City State Zip Code  
ALDAN PA 19018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 19 / 2015

Transaction ID : SA11AI.76404

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. MR ARNOLD WOLF**

Mailing Address 17256 HIGHWAY 32

City State Zip Code  
LICKING MO 65542

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2015

Transaction ID : SA11AI.79117

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. MR ARNOLD WOLF**

Mailing Address 17256 HIGHWAY 32

City State Zip Code  
LICKING MO 65542

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 12 / 2015

Transaction ID : SA11AI.80676

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

410.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 186 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS BONNIE JEAN WOLFGRAM**

Mailing Address 2335 PATRIOT LN

City	State	Zip Code
OSHKOSH	WI	54904

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

Transaction ID : SA11AI.76459

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**B. MRS MARILYN M WOODHOUSE**

Mailing Address 650 RAMBLEWOOD RD

City	State	Zip Code
HOUSTON	TX	77079

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2015

Transaction ID : SA11AI.76474

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. BEVERLY YANCEY**

Mailing Address 2700 MASTERS CT

City	State	Zip Code
MARION	IL	62959

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

Transaction ID : SA11AI.76516

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

625.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 187 OF 234

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MS BONNIE J YOUNG**

Mailing Address 2631 W CASAS CIR

City  
TUCSON

State Zip Code  
AZ 85742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 24 / 2015

Transaction ID : SA11AI.76556

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. MS BONNIE J YOUNG**

Mailing Address 2631 W CASAS CIR

City  
TUCSON

State Zip Code  
AZ 85742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2015

Transaction ID : SA11AI.77425

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MS BONNIE J YOUNG**

Mailing Address 2631 W CASAS CIR

City  
TUCSON

State Zip Code  
AZ 85742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2015

Transaction ID : SA11AI.80726

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 188 OF 234

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS MARGARET E YOUNG**

Mailing Address 2350 WATKINS LAKE RD APT 215

City

WATERFORD

State

MI

Zip Code

48328

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 13 / 2015

Transaction ID : SA11AI.76545

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. MR JOHN ZIEGLER**

Mailing Address 515 GRACE TER

City

NEW OXFORD

State

PA

Zip Code

17350

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 29 / 2015

Transaction ID : SA11AI.76593

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. MR JOHN ZIEGLER**

Mailing Address 515 GRACE TER

City

NEW OXFORD

State

PA

Zip Code

17350

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2015

Transaction ID : SA11AI.76594

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 OF 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR LEONARD ZINK**

Mailing Address 2743 E 100 RD

City State Zip Code  
 GLADE KS 67639

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 16 2015

Transaction ID : SA11AI.76606

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. MR LEONARD ZINK**

Mailing Address 2743 E 100 RD

City State Zip Code  
 GLADE KS 67639

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 03 2015

Transaction ID : SA11AI.77720

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR LEONARD ZINK**

Mailing Address 2743 E 100 RD

City State Zip Code  
 GLADE KS 67639

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 30 2015

Transaction ID : SA11AI.77719

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

700.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 190 OF 234

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MR ELO E ZINKE**

Mailing Address 2582 COUNTY ROAD 1596

City	State	Zip Code
AVINGER	TX	75630

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2015

Transaction ID : SA11AI.78310

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MRS EDITH ZIRKLE**

Mailing Address 4530 S BRAUN CT

City	State	Zip Code
MORRISON	CO	80465

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

Transaction ID : SA11AI.80854

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MRS ANNA M ZUMAS**

Mailing Address 8706 ROPER RD

City	State	Zip Code
BALTIMORE	MD	21234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2015

Transaction ID : SA11AI.76614

Amount of Each Receipt this Period

106.00

SUBTOTAL of Receipts This Page (optional)..... ►

656.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 OF 234

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. MRS ANNA M ZUMAS**

Mailing Address 8706 ROPER RD

City State Zip Code  
BALTIMORE MD 21234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

106.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2015

Transaction ID : SA11AI.76615

Amount of Each Receipt this Period

-106.00

CHARGEBACK

Full Name (Last, First, Middle Initial)

**B. MRS ANNA M ZUMAS**

Mailing Address 8706 ROPER RD

City State Zip Code  
BALTIMORE MD 21234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 26 / 2015

Transaction ID : SA11AI.76613

Amount of Each Receipt this Period

106.00

Full Name (Last, First, Middle Initial)

**C. MRS ANNA M ZUMAS**

Mailing Address 8706 ROPER RD

City State Zip Code  
BALTIMORE MD 21234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2015

Transaction ID : SA11AI.79599

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

25.00

**TOTAL** This Period (last page this line number only)..... ►

180948.50







<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## SPECIAL OPERATIONS FOR AMERICA

### A. ACCULINK

Date of Disbursement

Mailing Address 1055 GREENVILLE BLVD SW

City	State	Zip Code
GREENVILLE	NC	27833-0080

Transaction ID : SB21B.81779

Purpose of Disbursement	DIRECT MAIL PRINTING
-------------------------	----------------------

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

16.90

Full Name (Last, First, Middle Initial)

## B. BOWDITCH & DEWEY

Date of Disbursement

Mailing Address ONE INTERNATIONAL PLACE  
44TH FLOOR

03 / 28 / 2015

City	State	Zip Code
BOSTON	MA	02110

Transaction ID : SB21B.76726

## Purpose of Disbursement

### LEGAL CONSULTING

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

1417.50

Full Name (Last, First, Middle Initial)

### C. CAMPAIGN MONITOR

Date of Disbursement

Mailing Address 201 ELIZABETH STREET  
SUTHERLAND NSW 2232



City	State	Zip Code
AUSTRALIA	ZZ	00000

Transaction ID : SB21B.76704

Purpose of Disbursement	EMAIL MARKETING
-------------------------	-----------------

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

149.00

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1583.40

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN MONITOR**Mailing Address 201 ELIZABETH STREET  
SUTHERLAND NSW 2232

City AUSTRALIA      State ZZ      Zip Code 00000

Purpose of Disbursement  
EMAIL MARKETING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	23	/	2015

**Transaction ID : SB21B.76701**

Amount of Each Disbursement this Period

149.00
--------

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN MONITOR**Mailing Address 201 ELIZABETH STREET  
SUTHERLAND NSW 2232

City AUSTRALIA      State ZZ      Zip Code 00000

Purpose of Disbursement  
EMAIL MARKETING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2015

**Transaction ID : SB21B.78548**

Amount of Each Disbursement this Period

149.00
--------

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN MONITOR**Mailing Address 201 ELIZABETH STREET  
SUTHERLAND NSW 2232

City AUSTRALIA      State ZZ      Zip Code 00000

Purpose of Disbursement  
EMAIL MARKETING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	21	/	2015

**Transaction ID : SB21B.80079**

Amount of Each Disbursement this Period

149.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

447.00
--------

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## SPECIAL OPERATIONS FOR AMERICA

### A. CAMPAIGN MONITOR

Mailing Address 201 ELIZABETH STREET  
SUTHERLAND NSW 2232

City	State	Zip Code
AUSTRALIA	ZZ	00000

Purpose of Disbursement
EMAIL MARKETING

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Transaction ID : SB21B.81802

Amount of Each Disbursement this Period

149.00

## B. CAPITOL CAGING CORPORATION

M M / D D / Y Y Y Y  
01 28 2015

Mailing Address 504 SHAW ROAD  
SUITE 217

City	State	Zip Code
STERLING	VA	20166

### Purpose of Disbursement

#### DATABASE MANAGEMENT SERVICES

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Transaction ID : SB21B.76627

Amount of Each Disbursement this Period

3000.00

### C. CAPITOL CAGING CORPORATION



Mailing Address 504 SHAW ROAD  
SUITE 217

City	State	Zip Code
STERLING	VA	20166

### Purpose of Disbursement

#### DATABASE MANAGEMENT SERVICES

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Transaction ID : SB21B.76628

Amount of Each Disbursement this Period

1919.36

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5068.36

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## SPECIAL OPERATIONS FOR AMERICA

#### A. CAPITOL CAGING CORPORATION

Mailing Address 504 SHAW ROAD  
SUITE 217

City	State	Zip Code
STERLING	VA	20166

Purpose of Disbursement
DATABASE MANAGEMENT SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.76643

Amount of Each Disbursement this Period

1247.59

Full Name (Last, First, Middle Initial)

## B. CAPITOL CAGING CORPORATION

Mailing Address 504 SHAW ROAD  
SUITE 217

City	State	Zip Code
STERLING	VA	20166

Purpose of Disbursement
DATABASE MANAGEMENT SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

02 / 17 / 2015

Transaction ID : SB21B.76647

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

### C. CAPITOL CAGING CORPORATION

Mailing Address 504 SHAW ROAD  
SUITE 217

City	State	Zip Code
STERLING	VA	20166

## Purpose of Disbursement

### DATABASE MANAGEMENT SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement



Transaction ID : SB21B.76655

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

11247.59

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## SPECIAL OPERATIONS FOR AMERICA

#### A. CAPITOL CAGING CORPORATION

The image shows three 16-pin D-sub connectors. The first connector is labeled '03' and has pins labeled 'M' and 'M'. The second connector is labeled '04' and has pins labeled 'D' and 'D'. The third connector is labeled '2015' and has pins labeled 'Y', 'Y', 'Y', and 'Y'.

Mailing Address 504 SHAW ROAD  
SUITE 217

City	State	Zip Code
STERLING	VA	20166

Transaction ID : SB21B.76658

Purpose of Disbursement
DATABASE MANAGEMENT SERVICES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

5000.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

**B. CAPITOL CAGING CORPORATION**

Date of Disbursement

M M / D D / Y Y Y Y  
03 06 2015

Mailing Address 504 SHAW ROAD  
SUITE 217

City	State	Zip Code
STERLING	VA	20166

Transaction ID : SB21B.76663

### Purpose of Disbursement

#### DATABASE MANAGEMENT SERVICES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1090.80

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

**C. CAPITOL CAGING CORPORATION**

Date of Disbursement

M M / D D / Y Y Y Y

03 11 2015

Mailing Address 504 SHAW ROAD  
SUITE 217

City	State	Zip Code
STERLING	VA	20166

Transaction ID : SB21B.76670

## Purpose of Disbursement

### DATABASE MANAGEMENT SERVICES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

8500.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

14590.80

**TOTAL** This Period (last page this line number only).....



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## SPECIAL OPERATIONS FOR AMERICA

#### A. CAPITOL CAGING CORPORATION



Mailing Address 504 SHAW ROAD  
SUITE 217

City	State	Zip Code
STERLING	VA	20166

Transaction ID : SB21B.78544

Purpose of Disbursement
DATABASE MANAGEMENT SERVICES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1265.27

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

**B. CAPITOL CAGING CORPORATION**

Date of Disbursement

MM / DD / YYYY

Mailing Address 504 SHAW ROAD  
SUITE 217

City	State	Zip Code
STERLING	VA	20166

Transaction ID : SB21B.81780

Purpose of Disbursement	DATABASE MANAGEMENT SERVICES
-------------------------	------------------------------

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

976.90

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

**C. CAPITOL CAGING CORPORATION**

Date of Disbursement

Mailing Address 504 SHAW ROAD  
SUITE 217

City	State	Zip Code
STERLING	VA	20166

Transaction ID : SB21B.81781

## Purpose of Disbursement

### DATABASE MANAGEMENT SERVICES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

2500.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

4742.17

**TOTAL** This Period (last page this line number only).....









**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. CONSOLIDATED MAILING SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2015

Mailing Address 504 SHAW ROAD  
SUITE 206City State Zip Code  
STERLING VA 20166Purpose of Disbursement  
DIRECT MAIL PRINTING

Candidate Name

Category/  
Type**Transaction ID : SB21B.80060**

Amount of Each Disbursement this Period

9643.06

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. CONSOLIDATED MAILING SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2015

Mailing Address 504 SHAW ROAD  
SUITE 206City State Zip Code  
STERLING VA 20166Purpose of Disbursement  
DIRECT MAIL PRINTING

Candidate Name

Category/  
Type**Transaction ID : SB21B.81782**

Amount of Each Disbursement this Period

3324.67

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. CONSOLIDATED MAILING SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2015

Mailing Address 504 SHAW ROAD  
SUITE 206City State Zip Code  
STERLING VA 20166Purpose of Disbursement  
DIRECT MAIL PRINTING

Candidate Name

Category/  
Type**Transaction ID : SB21B.81783**

Amount of Each Disbursement this Period

10268.89

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

23236.62



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. DIRECT SUPPORT SERVICES**Mailing Address 1155 - 15TH STREET, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
01 / 15 / 2015**Transaction ID : SB21B.76623**

Amount of Each Disbursement this Period

10872.01

Full Name (Last, First, Middle Initial)

**B. DIRECT SUPPORT SERVICES**Mailing Address 1155 - 15TH STREET, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
01 / 29 / 2015**Transaction ID : SB21B.76629**

Amount of Each Disbursement this Period

5872.01

Full Name (Last, First, Middle Initial)

**C. DIRECT SUPPORT SERVICES**Mailing Address 1155 - 15TH STREET, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
02 / 12 / 2015**Transaction ID : SB21B.76645**

Amount of Each Disbursement this Period

10705.74

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

27449.76

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. DIRECT SUPPORT SERVICES**Mailing Address 1155 - 15TH STREET, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 24 2015**Transaction ID : SB21B.76650**

Amount of Each Disbursement this Period

30783.01

Full Name (Last, First, Middle Initial)

**B. DIRECT SUPPORT SERVICES**Mailing Address 1155 - 15TH STREET, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 06 2015**Transaction ID : SB21B.76666**

Amount of Each Disbursement this Period

7165.50

Full Name (Last, First, Middle Initial)

**C. DIRECT SUPPORT SERVICES**Mailing Address 1155 - 15TH STREET, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 12 2015**Transaction ID : SB21B.76672**

Amount of Each Disbursement this Period

10381.66

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

48330.17





<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## SPECIAL OPERATIONS FOR AMERICA

### A. DIRECT SUPPORT SERVICES

Mailing Address 1155 - 15TH STREET, NW  
SUITE 410

City	State	Zip Code
WASHINGTON	DC	20005

Transaction ID : SB21B.80061

Purpose of Disbursement  
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

16799.12

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

**B. DIRECT SUPPORT SYSTEMS, INC.**

Date of Disbursement

M M / D D / Y Y Y Y  
02 24 2015

Mailing Address 4095 RIVER FORTH DRIVE

City	State	Zip Code
FAIRFAX	VA	22030

Transaction ID : SB21B.76652

Purpose of Disbursement	DATABASE MANAGEMENT SERVICES
-------------------------	------------------------------

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1338.12

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

**C. DIRECT SUPPORT SYSTEMS, INC.**

Date of Disbursement

Mailing Address 4095 RIVER FORTH DRIVE

City	State	Zip Code
FAIRFAX	VA	22030

Transaction ID : SB21B.76682

## Purpose of Disbursement

### DATABASE MANAGEMENT SERVICES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

840.01

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

18977.25

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. DIRECT SUPPORT SYSTEMS, INC.**

Mailing Address 4095 RIVER FORTH DRIVE

City  
FAIRFAXState  
VAZip Code  
22030Purpose of Disbursement  
DATABASE MANAGEMENT SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2015

**Transaction ID : SB21B.80062**

Amount of Each Disbursement this Period

1764.90
---------

Full Name (Last, First, Middle Initial)

**B. DIRECT SUPPORT SYSTEMS, INC.**

Mailing Address 4095 RIVER FORTH DRIVE

City  
FAIRFAXState  
VAZip Code  
22030Purpose of Disbursement  
DATABASE MANAGEMENT SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2015

**Transaction ID : SB21B.80063**

Amount of Each Disbursement this Period

404.87
--------

Full Name (Last, First, Middle Initial)

**C. DIRECT SUPPORT SYSTEMS, INC.**

Mailing Address 4095 RIVER FORTH DRIVE

City  
FAIRFAXState  
VAZip Code  
22030Purpose of Disbursement  
DATABASE MANAGEMENT SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2015

**Transaction ID : SB21B.81786**

Amount of Each Disbursement this Period

1359.89
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3529.66
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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## SPECIAL OPERATIONS FOR AMERICA

Category/  
Type

State:  District:

MM / DD / YYYY

Category/  
Type

State:  District:

Category/  
Type

State:  District:

2098.70

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 06 / 2015
**Transaction ID : SB21B.76618**

Amount of Each Disbursement this Period

27.75

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 07 / 2015
**Transaction ID : SB21B.76619**

Amount of Each Disbursement this Period

70.82

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 02 / 2015
**Transaction ID : SB21B.76631**

Amount of Each Disbursement this Period

204.60

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

303.17

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## SPECIAL OPERATIONS FOR AMERICA

#### A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.76632

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

7.95

## B. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.76633

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	10
25-34	15
35-44	20
45-54	25
55-64	30
65-74	35
75-84	40
85+	1.02

### C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.76641

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

27.25

36.22

[illegible]

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## SPECIAL OPERATIONS FOR AMERICA

#### A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.76642

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period



57.17

## B. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

03 / 02 / 2015

Transaction ID : SB21B.76656

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

7.95

### C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.76657

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

311.97

**SUBTOTAL** of Disbursements This Page (optional).....

377.09

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03      05      2015
**Transaction ID : SB21B.76659**

Amount of Each Disbursement this Period

111.25

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03      05      2015
**Transaction ID : SB21B.76660**

Amount of Each Disbursement this Period

88.91

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03      06      2015
**Transaction ID : SB21B.76661**

Amount of Each Disbursement this Period

646.89

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

847.05

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 01 / 2015
**Transaction ID : SB21B.78536**

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 01 / 2015
**Transaction ID : SB21B.78537**

Amount of Each Disbursement this Period

436.21

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 06 / 2015
**Transaction ID : SB21B.78540**

Amount of Each Disbursement this Period

273.80

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

717.96



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04      06      2015
**Transaction ID : SB21B.78541**

Amount of Each Disbursement this Period

154.75

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04      07      2015
**Transaction ID : SB21B.78542**

Amount of Each Disbursement this Period

822.71

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05      01      2015
**Transaction ID : SB21B.80064**

Amount of Each Disbursement this Period

7.95

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

985.41

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2015
**Transaction ID : SB21B.80065**

Amount of Each Disbursement this Period

179.73

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 05 / 2015
**Transaction ID : SB21B.80066**

Amount of Each Disbursement this Period

46.07

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 06 / 2015
**Transaction ID : SB21B.80067**

Amount of Each Disbursement this Period

439.58

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

665.38

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 219 OF 234

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 06 / 2015
**Transaction ID : SB21B.80068**

Amount of Each Disbursement this Period

76.00

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 07 / 2015
**Transaction ID : SB21B.80069**

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS ROAD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 27 / 2015
**Transaction ID : SB21B.80070**

Amount of Each Disbursement this Period

100.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

216.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## SPECIAL OPERATIONS FOR AMERICA

#### A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Three 7-segment displays are shown, each with a different color (blue, green, and red). The first display shows '06', the second shows '01', and the third shows '2015'. They are separated by slashes.

Transaction ID : SB21B.81790

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

650.00

## B. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.81791

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

162.53

### C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.81793

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

7.95

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

820.48

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## SPECIAL OPERATIONS FOR AMERICA

#### A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.81794

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

34.36

**B. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.81795

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

46.00

### C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.81796

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

305.33

**TOTAL** This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## SPECIAL OPERATIONS FOR AMERICA

#### A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.81797

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period



## B. FORTHRIGHT STRATEGY, INC.

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.76636

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

16457.34

### C. FORTHRIGHT STRATEGY, INC.

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.76649

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

5810.11

**SUBTOTAL** of Disbursements This Page (optional).....

22317.45

**TOTAL** This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 224 OF 234

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. FORTHRIGHT STRATEGY, INC.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4				2	9		2	0	1	5		

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PRINTING & DESIGN SERVICES

Candidate Name

Category/  
Type**Transaction ID : SB21B.78546**

Amount of Each Disbursement this Period

1181.14

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. FORTHRIGHT STRATEGY, INC.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				2	1		2	0	1	5		

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PRINTING & DESIGN SERVICES

Candidate Name

Category/  
Type**Transaction ID : SB21B.80071**

Amount of Each Disbursement this Period

2307.28

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. FORTHRIGHT STRATEGY, INC.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				1	1		2	0	1	5		

Mailing Address 1155 - 15TH ST, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
PRINTING & DESIGN SERVICES

Candidate Name

Category/  
Type**Transaction ID : SB21B.81798**

Amount of Each Disbursement this Period

4206.40

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7694.82



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## SPECIAL OPERATIONS FOR AMERICA

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 226 OF 234

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. INTEGRAM**

Mailing Address 22695 COMMERCE CENTER COURT

City DULLES State VA Zip Code 20166

Purpose of Disbursement  
DIRECT MAIL PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 05 2015**Transaction ID : SB21B.76639**

Amount of Each Disbursement this Period

8580.17

Full Name (Last, First, Middle Initial)

**B. INTEGRAM**

Mailing Address 22695 COMMERCE CENTER COURT

City DULLES State VA Zip Code 20166

Purpose of Disbursement  
DIRECT MAIL PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 24 2015**Transaction ID : SB21B.76653**

Amount of Each Disbursement this Period

21946.45

Full Name (Last, First, Middle Initial)

**C. INTEGRAM**

Mailing Address 22695 COMMERCE CENTER COURT

City DULLES State VA Zip Code 20166

Purpose of Disbursement  
DIRECT MAIL PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 06 2015**Transaction ID : SB21B.76668**

Amount of Each Disbursement this Period

6863.53

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

37390.15

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## SPECIAL OPERATIONS FOR AMERICA

### A. INTEGRAM

Category/  
Type

5874.89

State:  District:

## B. INTEGRAM

Category/  
Type

10264.11

State:  District:

### C. INTEGRAM

Three digital displays are shown, each with a date format. The first display shows '04' with two small squares above it. The second display shows '29' with two small squares above it. The third display shows '2015' with four small squares above it.

Category/  
Type

8974.33

State:  District:

25113.33

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## SPECIAL OPERATIONS FOR AMERICA

### A. INTEGRAM

Category/  
Type

5115.73

State:  District:

## B. INTEGRAM

05 / 28 / 2015

Category/  
Type

12289.20

State:  District:

### C. INTEGRAM

Category/  
Type

5760.37

State:  District:

23165.30

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## SPECIAL OPERATIONS FOR AMERICA

### A. INTEGRAM

Category/  
Type

12150.04

State:  District:

## B. LEGACY LISTS, INC. - BROKERAGE

Category/  
Type

State:  District:

### C. LEGACY LISTS, INC. - BROKERAGE

Category/  
Type

State:  District:

15493.73



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## SPECIAL OPERATIONS FOR AMERICA

### A. RADIO ACTIVE BROADCASTING

Transaction ID : SB21B.76725

Amount of Each Disbursement this Period

Category/  
Type

State:  District:

03 / 28 / 2015

## B. RED CURVE SOLUTIONS

Transaction ID : SB21B.76723

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

### C. RED CURVE SOLUTIONS

Transaction ID : SB21B.80082

Amount of Each Disbursement this Period

A diagram of a rectangular frame structure. It consists of a horizontal top beam and a horizontal bottom beam, connected by four vertical supports. The supports are positioned at the corners and at the midpoint of each long side. The top beam is labeled 'Top beam' and the bottom beam is labeled 'Bottom beam'.

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

10025.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 232 OF 234

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SPECIAL OPERATIONS FOR AMERICA**

Full Name (Last, First, Middle Initial)

**A. RED CURVE SOLUTIONS**Mailing Address 500 CUMMINGS CENTER  
SUITE 4400

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

**Transaction ID : SB21B.81811**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. SIMPKINS ESCROW LLC**

Mailing Address 29243 ST JUST DR

City UNIONVILLE State VA Zip Code 22567

Purpose of Disbursement  
DATABASE MANAGEMENT SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2015

**Transaction ID : SB21B.76646**

Amount of Each Disbursement this Period

249.13
--------

Full Name (Last, First, Middle Initial)

**C. SIMPKINS ESCROW LLC**

Mailing Address 29243 ST JUST DR

City UNIONVILLE State VA Zip Code 22567

Purpose of Disbursement  
DATABASE MANAGEMENT SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

**Transaction ID : SB21B.76669**

Amount of Each Disbursement this Period

427.95
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2677.08
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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## SPECIAL OPERATIONS FOR AMERICA

#### A. SIMPKINS ESCROW LLC

Mailing Address 29243 ST JUST DR

City	State	Zip Code
UNIONVILLE	VA	22567

Purpose of Disbursement
DATABASE MANAGEMENT SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.76684

Amount of Each Disbursement this Period

407.11

Full Name (Last, First, Middle Initial)

**B. THOMAS MEDIA GROUP, LLC**

Mailing Address 7014 13TH AVENUE

City	State	Zip Code
BROOKLYN	NY	11228

### Purpose of Disbursement

#### GRAPHIC DESIGN SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.76722

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

**C. THOMAS MEDIA GROUP, LLC**

Mailing Address 7014 13TH AVENUE

City	State	Zip Code
BROOKLYN	NY	11228

### Purpose of Disbursement

#### GRAPHIC DESIGN SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement



Transaction ID : SB21B.81812

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3507.11

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## SPECIAL OPERATIONS FOR AMERICA

### A. JASON WEED

Category/  
Type

7000.00

State:  District:

**B.**

Candidate Name

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

**C.**

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

7000.00

**TOTAL** This Period (last page this line number only).....

525024.89